State Form 30353 R2

## EVAN BAYH Secretary of State of Indiana 155 State House Indianapolis, Indiana 46204 (317) 232-6576

INSTRUCTIONS:

## Corporations Only

This certificate must first be recorded in the office of the County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State.

Fee	for	filing	g wi	Lth	the
	Seci	cetary	of	Sta	ite:

30 \$20.00

or

\$26.00 (if a certificate issued by the Secretary of State is desired) CERTIFICATE OF ASSUMED BUSINESS NAME Name of the Corporation ORTHOPEDIC SUBSPECIALISTS, S.C. Date of Incorporation/Admission MARCH 2, 1987 Principal Office Address of the Corporation 3319 W. 95TH ST., 3. EVERGREEN PARK, IL 60642 4. Assumed Business Name ORTHOPEDIC SUBSPECIALISTS, P.C. 5. Address at which the Corporation will do business under the assumed business name 1650 45TH/ST., MUNSTER, IN 46321 PRESIDENT (Written Signature of Officer) (Title of Officer) RODNEY O. SWAN (Printed Name of Officer) STATE OF ILLINOIS SS: COUNTY OF COOK Subscribed and sworn or attested to before me, this Hay of September A CTRICIAL CRA BKATHARINA R BASTIAN Broter feels grant of alcers W My Notarial Commission Expires: October 26, 1990 Cook My County of Residence is: \_\_, Recorder of \_\_\_\_ State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the \_\_\_\_\_ day of

Recorder

This instrument was prepared by PHYLLIS I. MOROF, 2000 Spring Road, Oak Brook, IL 60521