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STATE OF INDIANA)
)
COUNTY OF LAKE)

CERTIFICATE OF ASSUMED NAME

This certifies that KWANG D You
is/are doing business in the County of Lake, State of Indiana,
under the name and style of Indiana Cardiovascular Associates
that the principal office thereof is located at 800 Mac
Arthur Blvd Munster, Ind. and that the name and residence of
each and every person engaging in said business of having an
interest therein are as follows, to-wit:

- KWANG D. You
9831 Ivy Lane. Munster. Ind. 46321
- ~~Caesar~~ Y. Ho Cancellor
9419 Southmoor Ave
~~Highland. Ind. 46322~~

and that this certificate is filed with the Recorder of Lake
County, Indiana, in pursuance of I.C. 15-1-1 .

I (we) affirm, under the penalties of perjury that the
foregoing representation(s) (is) (are) true.

IN WITNESS WHEREOF, I have set my hand and seal this
29th day of December 19 88

Indiana Cardiovascular Associates
Business Name

[Signature]
BY

This instrument prepared by: Kwang D. You

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307
STATE OF INDIANA, S.S. NO.
LAKE COUNTY
FILED FOR RECORD
Dec 29 4 09 PM '88

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