STATE OF LARE )

## CERTIFICATE OF ASSUMED NAME

| This certifies that Gene Danov   |
|--|
| is/are doing business in the County of Lake, State of Indiana, under the   |
| name and style of Gary Back and Deck Clinic  that the principal office thereof is located at 504 Broadway suite  Gary IN: 46402  |
| that the principal office thereof is located at 504 Broadway suite   |
| Gary IN. 46402   |
| 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:   |
| Gene Danou 1688 Country LN. Michigan City  |
| Gene Danou 1688 Country LN. Michigan City  Document is  10. 46360  |
| NOT OFFICIAL!  This Document is the preparty of  |
| This Document is the property of and that this certificate is rifed with the Recorder of Lake County, Indiana,   |
| in pursuance of 1.C. 23-15-1-1   |
| I (we) affirm, under the penalties of perjury that the foregoing repre-  |
| scutation(s) (are) true,   |
| IN WITHESS WHEREOF, I HAVE SET MY HAND AND SEAL THIS 18 of   |
| Charit. 10 Co. MICERS  |
| Agend 19 90  ROBERT 113  REF. 19   |
| BEOF I   |
| NO COUNTY THE PARTY OF THE PART |
| PH 190 COAD WAYS. NO   |
|  |
| Gary Back and Neck Clinic  |
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| WY Worked St.  |
| This instrument prepared by: Joseph. J. Golando  |
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