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EVANSBAYH
Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46206
(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 with the Secretary of State: \$30.00

or

\$45.00 (if a certificate issued by the Secretary of State is desired)

CERTIFICATE OF ASSUMED BUSINESS NAME

- Name of the Corporation Kauffman Chiropractic, P.C.
- Date of Incorporation/Admission 11-18-91
- Principal Office Address of the Corporation 7970 Broadway,
Merrillville, IN 46410
- Assumed Business Name Berman Chiropractic
- Address at which the Corporation will do business under the assumed business name 7970 Broadway, Merrillville, Ind.

X. [Signature]
(Written Signature of Officer)
Robert Kauffman
(Printed Name of Officer)

President
(Title of Officer)

STATE OF Indiana
COUNTY OF Lake

Subscribed and sworn or attested to before me this 23 day of Jan, 1992.



[Signature]
Notary Public

My Notarial Commission Expires: _____

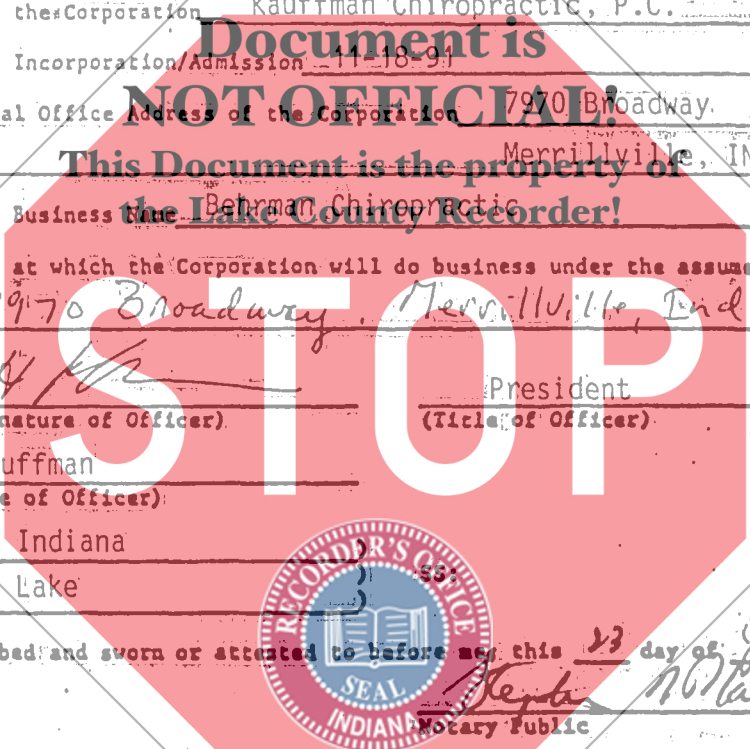
My County of Residence is: _____

I, _____, Recorder of _____ County, 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 _____, 19____.

Recorder

This instrument was prepared by Stephen R. Place, 300 E. 90th Dr., Merrillville, IN

600



STATE OF INDIANA, S. H. C.
LAKE COUNTY
FILED FOR RECORD
FEB 11 9 23 AM '92
ROBERT KAUFFMAN
RECORDER