



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R 5 / 11-88)

Approved by State Board of Accounts 1988

92071093

Provided by: JOSEPH HOGSETT

Secretary of State of Indiana

155 State House

Indianapolis, Indiana 46204

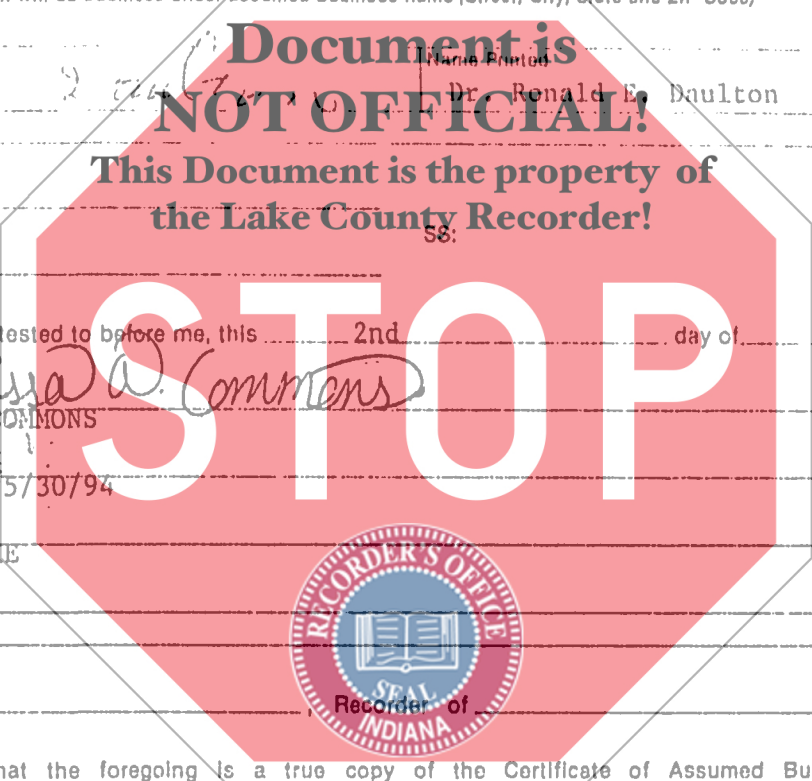
(317) 232-6576

INSTRUCTIONS: (CORPORATIONS ONLY)

This certificate must first be recorded in the office of 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. Indiana Code 23-15-1-1

Fee for filing with the Secretary of State: \$30.00, For-Profit Corporations or \$26.00, Not-For-Profit Corporations. A certificate issued by the Secretary of State is an additional \$15.00.

1. Name of Corporation Hammond Chiropractic Life Center, Inc.	2. Date of Incorporation / Admission April , 1975
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 5716 Hohman Avenue, Hammond, Indiana 46320	
4. Assumed Business Name(s) Hammond Chiropractic Center	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code) Same as 3. above	
6. Signature <i>Dr. Ronald E. Daulton</i>	Name Printed Dr. Ronald E. Daulton



STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, this 2nd day of November 19 92

Melissa A. Commons
Notary Public MELISSA A. COMMONS

My Notarial Commission Expires: 5/30/94

My County of Residence is: LAKE

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

NOV 11 8 54 AM '92

ROBERT J. BELAND
RECORDER

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 Signature _____

This instrument was prepared by RUMAN, CLEMENTS, TOBIN & HOLUB, P.C., 5261 Hohman Avenue, Hammond, Indiana 46320

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