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STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

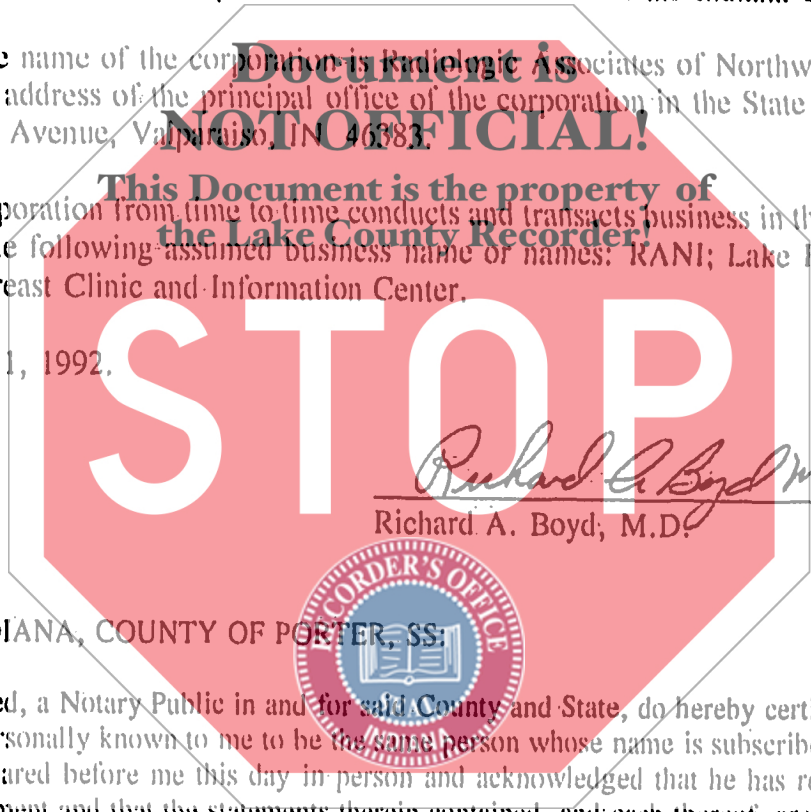
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
NOV 24 11 49 AM '92
ROBEY, R. J. 11-20-92

CERTIFICATE OF ASSUMED BUSINESS NAME

The undersigned Richard A. Boyd, M.D., hereby affirms, deposes, and says that:

1. Richard A. Boyd, M.D., is the president of Radiologic Associates of Northwest Indiana, Inc., an Indiana corporation, and is duly authorized to make this certificate on behalf of the corporation.
2. This certificate is made pursuant to section 23-15-1-1 of the Indiana Code.
3. The true name of the corporation is Radiologic Associates of Northwest Indiana, Inc., and the address of the principal office of the corporation in the State of Indiana is 802 Laporte Avenue, Valparaiso, IN 46383.
4. The corporation from time to time conducts and transacts business in the State of Indiana using the following assumed business name or names: RANI; Lake Breast Clinic; and Lake Breast Clinic and Information Center.

Dated: August 1, 1992.



Richard A. Boyd M.D.
Richard A. Boyd, M.D.

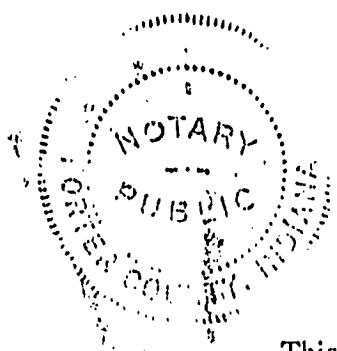
STATE OF INDIANA, COUNTY OF PORTER, SS:



I, the undersigned, a Notary Public in and for said County and State, do hereby certify that Richard A. Boyd, M.D., personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he has read and signed the foregoing instrument and that the statements therein contained, and each thereof, are true.

Jean S. Johnson
Jean S. Johnson Notary Public

My commission expires 3.26.93
Resident of Porter County



This instrument prepared by Thomas M. Greenberg, Attorney at Law
99 East 86th Avenue, Suite E, Merrillville, Indiana 46410

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