

93013468



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R 6 / 11-88)
Approved by State Board of Accounts 1988

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

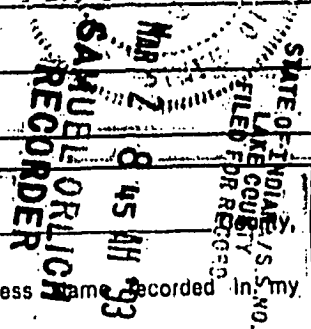
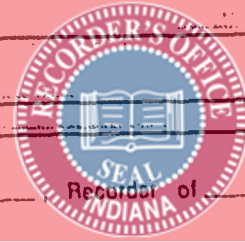
Fee for filing with the Secretary of State: \$30.00; For-Profit Corporations or \$26.00; Not-For-Profit Corporations. A certificate issued by the Secretary of State is an additional \$15.00.

1. Name of Corporation: Bivona, Inc.,	2. Date of Incorporation / Admission: September 20, 1971
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code): 5700 West 23rd Avenue, Gary, Indiana 46406	
4. Assumed Business Name(s): Bivona Medical Technologies	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code): 5700 West 23rd Avenue, Gary, Indiana 46406	
6. Signature: <i>Tom E. Brandt, President</i>	Name Printed: Tom E. Brandt, President

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!



STATE OF INDIANA
 COUNTY OF LAKE
 SS:
 Subscribed and sworn or attested to before me, this 23rd day of FEBRUARY, 1993.
 Notary Public: *Joe Stalke*
 My Notarial Commission Expires: MAY 31, 1996
 My County of Residence is: LAKE



I, _____
 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 _____, 1993.
 Recorder Signature: _____

This instrument was prepared by: Jeffrey M. Stautz, Baker & Daniels, 300 North Meridian Street, Suite 2700, Indianapolis, Indiana 46204

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