



CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R7/4-95)

State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

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.

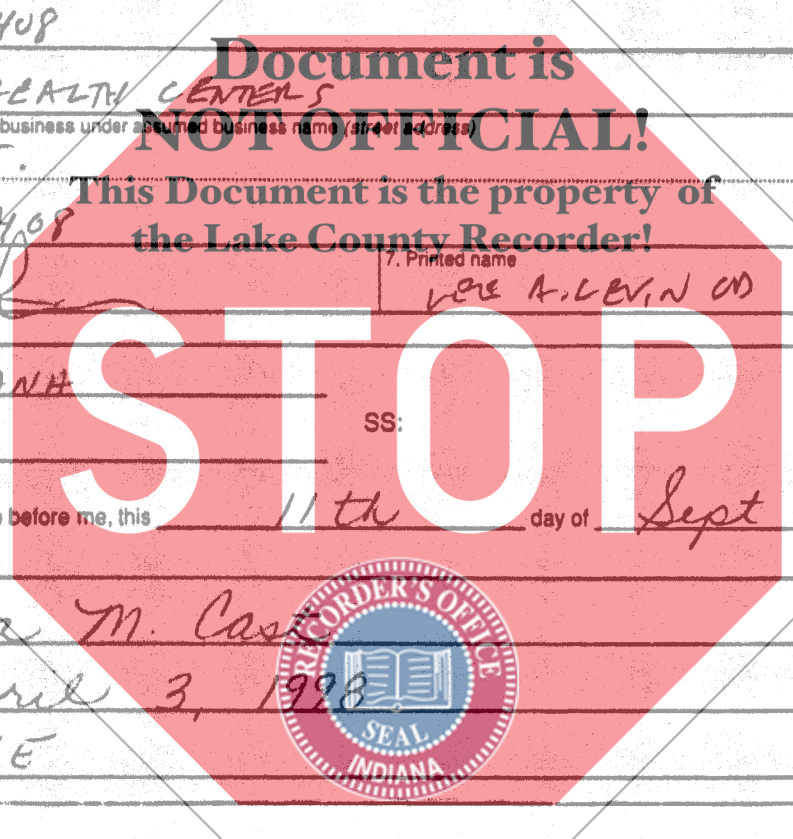
Please TYPE or PRINT.

Indiana Code 23-15-1-1, et seq.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$25.00
Certificate - Additional	\$15.00

1. Name of Corporation LEE LEVIN CO., RC.	2. Date of incorporation / admission 7/76
3. Principal office address of the Corporation (street address) 3596 VILLAGE CT.	
City, state and ZIP code GARY, IN 46408	
4. Assumed business name(s) FOCUS EYE HEALTH CENTERS	
5. Address at which the Corporation will do business under assumed business name (street address) 3596 VILLAGE CT.	
City, state and ZIP code GARY, IN 46408	
6. Signature 	7. Printed name LEE A. LEVIN CO.



STATE OF INDIANA	SS:
COUNTY OF LAKE	
Subscribed and sworn or attested to before me, this 11th day of Sept	
Notary Public Bertha M. Cast	
My Notarial Commission Expires: April 3, 1998	
My County of Residence is: LAKE	

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 SEP 11 PM 12:58
 MARGARET LADD
 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: _____

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