



INFORM DOC. # 5076
CERTIFICATE OF ASSUMED BUSINESS NAME
 (All Corporations)
 State Form 30353 (R7/4-95)
 State Board of Accounts Approved 1995

SUSANNE GILROY
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 302 W Washington St., Rm. E016
 Indianapolis, IN 46204
 Telephone: (317) 232-6676

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	\$26.00
Certificate - Additional	\$15.00

1. Name of Corporation Andy Koultourides DDS, PC	2. Date of incorporation / admission 7/7/95
3. Principal office address of the Corporation (street address) 619 Ridge Road City, state and ZIP code Munster, IN 46321	
4. Assumed business name(s) Ridge Dental Care	
5. Address at which the Corporation will do business under assumed business name (street address) 619 Ridge Road City, state and ZIP code Munster, IN 46321	
6. Signature <i>Andy Koultourides</i>	7. Printed name Andy Koultourides



95054587

STATE OF Indiana SS:
 COUNTY OF Lake
 Subscribed and sworn or attested to before me, this 7th day of July, 1995
Jessica D. Popovich
 Notary Public
 My Notarial Commission Expires NOTARY PUBLIC STATE OF INDIANA LAKE COUNTY MY COMMISSION EXP JULY 21, 1996
 My County of Residence is _____

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MARGARET J. LEVAND
 RECORDER
 95 SEP 14 AM 11:31



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:

→ Samuel L. Cappas
 Attorney at Law
 2546 45th St
 Highland In. 46322

9.00