

# CERTIFICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), firms, or partnerships  
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: UNITED DENTAL CENTERS OF INDIANA

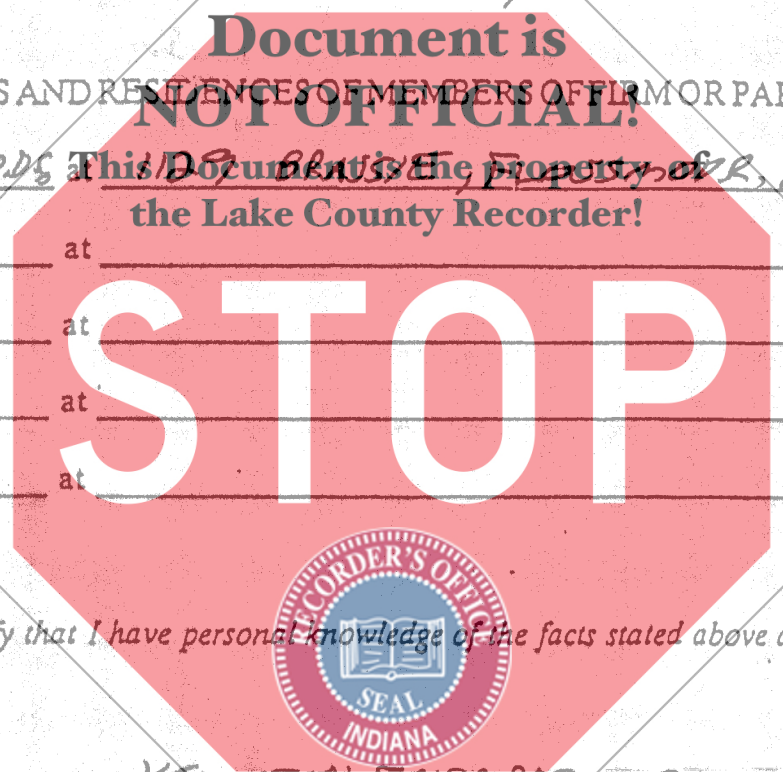
KIND OF BUSINESS: DENTISTRY

PLACE OF BUSINESS: 5655 HARRISON, MERRILLVILLE, IN

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

KENNETH FRIED, DDS at This Document is the Property of R. IL, 60422  
the Lake County Recorder!

↑ at \_\_\_\_\_  
at \_\_\_\_\_  
at \_\_\_\_\_  
at \_\_\_\_\_



I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

K. Fried, DDS  
Written Signature

KENNETH FRIED, DDS  
Printed Name

OWNER  
Capacity of Signer

FORM PREPARED BY: KENNETH FRIED, DDS

IF THIS FORM HAS BEEN FAXED TO YOU, IT MUST BE COPIED ONTO  
REGULAR PAPER BEFORE FILING. THE COMPLETED FORM MUST BE FILED IN  
THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A  
PLACE OF BUSINESS OR OFFICE IS LOCATED.

Filed on September 28, 1995. Margarette Cleland, Recorder

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MARGARETTE CLELAND  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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