



INFORUM DOC. # 5076
CERTIFICATE OF ASSUMED BUSINESS NAME
 (All Corporations)
 State Form 30343 (R7 / 4-95)
 State Board of Accounts Approved 1995

BUE ANNE GILROY
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 308 W. Washington St., Rm. E016
 Indianapolis, IN 46204
 Telephone: (317) 832-6676

INSTRUCTIONS:

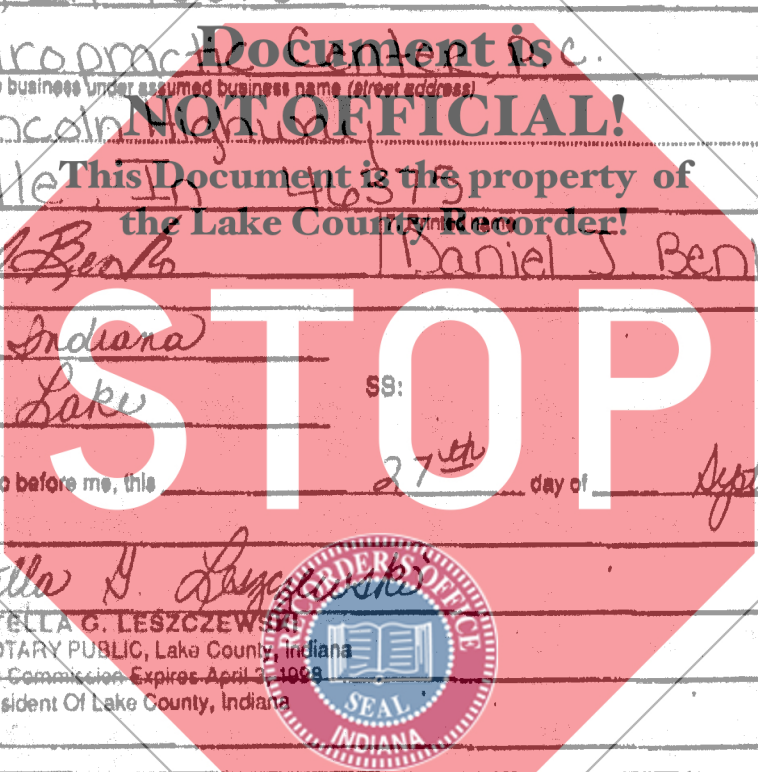
This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located.
 A copy of the certificate certified by the County Recorder must be filed with the Secretary of State.
 Please TYPE or PRINT.

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

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$90.00
Not-For-Profit Corporation	\$25.00
Certificate - Additional	\$15.00

1. Name of Corporation Benko Chiropractic Center, P.C.	2. Date of Incorporation / admission August 10, 1995
3. Principal office address of the Corporation (street address) 142 West Lincoln Highway	
City, state and ZIP code Schererville, In 46375	
4. Assumed business name(s) Benko Chiropractic Document Inc.	
5. Address at which the Corporation will do business under assumed business name (street address) 142 West Lincoln Highway	
City, state and ZIP code Schererville, In 46375	
6. Signature Daniel J. Benko D.C.	



STATE OF Indiana

COUNTY OF Lake SS:

Subscribed and sworn or attested to before me, this 27th day of September, 19 95

Notary Public
 My Notarial Commission Expires: Stella G. Leszczewski
 My County of Residence is: NOTARY PUBLIC, Lake County, Indiana
My Commission Expires April 3, 1998
Resident Of Lake County, Indiana

95059326

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

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 OCT - 3 PM 12:13
 MARGARET CLEVELAND
 RECORDER

This instrument was prepared by:

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