

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: Chicago and Pain Relief Center

KIND OF BUSINESS: Health Care Services

PLACE OF BUSINESS: 212 South Main St, Crown Point, In. 46307

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

James D. Moses at 3923 W. 79th Ct #11, Merrillville, In. 46410

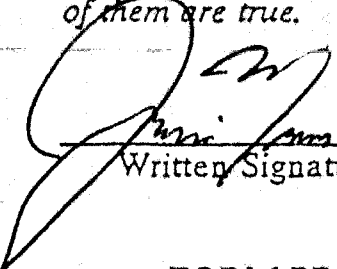
Mary Anne Galli at 3923 W. 79th Ct #11, Merrillville, In. 46410

at _____

at _____

at _____

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


Written Signature

James Moses
Printed Name

President/Owner
Capacity of Signer



MARGARET P. LINDAUF
RECORDER

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FORM PREPARED BY: _____

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 November 10, 1995. Margaret Lindlauf Recorder

Handwritten initials and date: 9-20-95