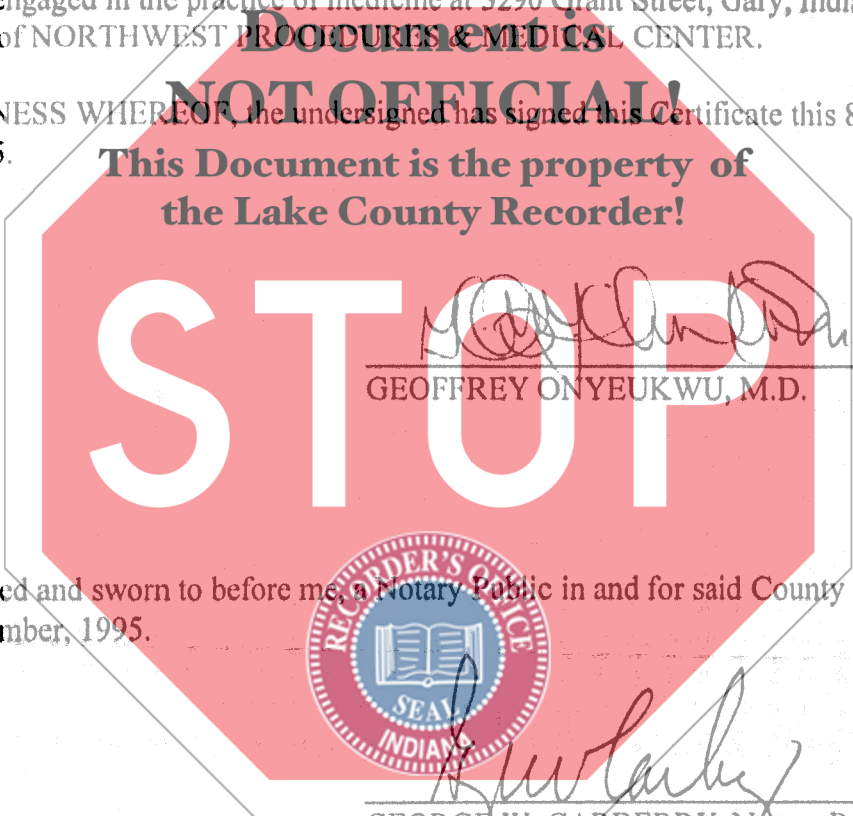


STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

CERTIFICATE AS TO ASSUMED BUSINESS NAME

THIS IS TO CERTIFY that as of and including November 8, 1995, GEOFFREY ONYEUKWU, M.D., with his principal place of business at 3290 Grant Street, Gary, Indiana 46408, will be engaged in the practice of medicine at 3290 Grant Street, Gary, Indiana 46408, under the name of NORTHWEST PROCEEDINGS & MEDICAL CENTER.

IN WITNESS WHEREOF, the undersigned has signed this Certificate this 8th day of November, 1995.



GEOFFREY ONYEUKWU, M.D.

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 8th day of November, 1995.

GEORGE W. CARBERRY, Notary Public

My Commission Expires: 4/9/99

Resident of Porter County, Indiana

95069064

MAILED  
RECORDED

95 NOV 13 AM 8:42

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

This instrument prepared by George W. Carberry, Attorney at Law, 15 N. Franklin Street, Suite 200, Valparaiso, Indiana 46383

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