



CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R7 / 4-95)

State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

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 Fifth Avenue Enterprises, L.L.C.	2. Date of Incorporation / admission September 22, 1995
3. Principal office address of the Corporation (street address) 1817 East Division	
City, state and ZIP code Arlington, Texas 76011	
4. Assumed business name(s) Gary Health & Rehabilitation Center	
5. Address at which the Corporation will do business under assumed business name (street address) 513 West 5th Street	
City, state and ZIP code Gary, Indiana 46407	
6. Signature <i>Michael K. Lambeck</i>	7. Printed name Michael K. Lambeck, Managing Member



STATE OF LOUISIANA
PARISH OF JEFFERSON
SS: _____
Subscribed and sworn or attested to before me, this 10th day of November, 1995
Notary Public: *Jose A. Castellon*
My Notarial Commission Expires: life
My County of Residence is: Jefferson Parish, Louisiana

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 NOV 22 AM 9:07
MARSHALLE D. DEAN
RECORDER

RECORDER'S OFFICE
INDIANA

JOSE A. CASTELLON
Louisiana Notary Public
Parishes of Jefferson & St. Tammany
My Commission is For Life

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:
Patrick M. Butts

Behrman Chiropractic Clinics Inc
1817 E. Division
Arlington Twp. 76011

900 SW
CL#000106