

# 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: PRO-CLAIM

KIND OF BUSINESS: ELECTRONIC CLAIMS PROCESSING SERVICE

PLACE OF BUSINESS: 1335 N. COY DR. SCHERERVILLE, IN. 46375

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Raymond A. Nisak at 1335 N. COY DR. SCHERERVILLE, IN. 46375  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_

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

Raymond A. Nisak RAYMOND A NISAK OWNER  
Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: Raymond A. Nisak

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 Feb 6, 1996, Margarette Cleveland, Recorder

96008111  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
96 FEB -6 MID: 16  
MARGARETTE CLEVELAND  
RECORDER

900  
113