

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: A-1 SENIOR CARE

KIND OF BUSINESS: PERSONAL HEALTH CARE

PLACE OF BUSINESS: ^(REG) 948 W. 72ND ST. MEAN, IN 46410-3842

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

LINDA ALMHAL at 948 W. 72ND ST. MEAN, IN 46410-3842

____ at _____
____ at _____
____ at _____
____ at _____

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

RICHARD ALMHAL Richard Almhal HUSBAND
Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: RICHARD ALMHAL

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 February 12, 1996 Margaret Cleveland, Recorder

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STATE OF INDIANA
LAKE COUNTY
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