



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 GLENPARK CHIROPRACTIC CENTER, L.L.C.	2. Date of incorporation / admission 4-1-96
3. Principal office address of the Corporation (street address) 1817 E. Division Street, City, state and ZIP code Arlington, Texas 76011	
4. Assumed business name(s) GLENPARK HEALTH CENTER	
5. Address at which the Corporation will do business under assumed business name (street address) 5016 Broadway City, state and ZIP code Gary Indiana 46407	
6. Signature <i>Michael K. Plambeck</i>	7. Printed name Michael Kent Plambeck

96028341

Document is NOT OFFICIAL!
This Document is the property of Lake County Recorder

STATE OF TEXAS

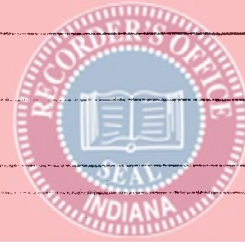
COUNTY OF TARRANT SS:

Subscribed and sworn or attested to before me, this _____ day of _____, 19____

Notary Public _____

My Notarial Commission Expires
1-19-2000

My County of Residence is
Tarrant



FILED FOR RECORD
96 MAY -1 AM 9:08
MARCO RECORDER

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:

Behrman Chiropractic Clinics Inc
1817 East Division PK. Arlington Texas 76011
900 Su
EIC# 800298