



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

Behman Chiropractic Cnp
1817 E. Division St
Arlington TX
76011

Indiana Code 23-15-1-1, et seq.

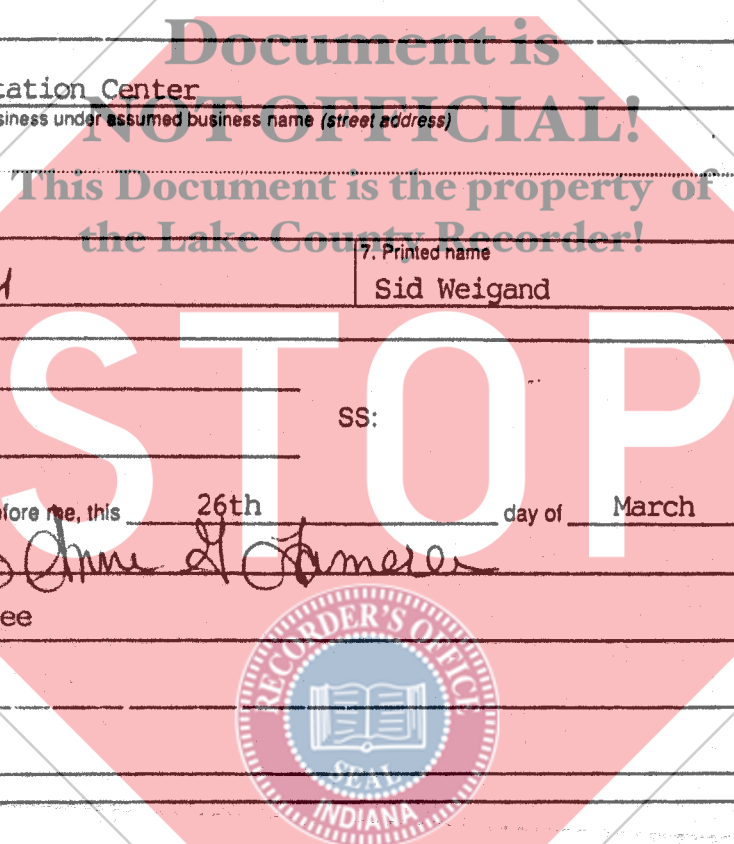
INSTRUCTIONS:

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.

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 FIRST HEALTH and REHABILITATION CENTER, L.L.C.	2. Date of Incorporation / admission 1-16-96
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) 1st Health and Rehabilitation Center	
5. Address at which the Corporation will do business under assumed business name (street address) 4534 Hohman	
City, state and ZIP code Hammond, IN 46327	
6. Signature <i>Sid Weigand</i>	7. Printed name Sid Weigand



STATE OF TEXAS

COUNTY OF Tarrant SS:

Subscribed and sworn or attested to before me, this 26th day of March, 1996.

Notary Public
Jo-Anne G. Famerree
Jo-Anne G. Famerree

My Notarial Commission Expires:
1-19-2000

My County of Residence is:
Tarrant

96021132

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

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 APR -3 AM 9:15
MARGARET E. CLEVELAND
RECORDER

This instrument was prepared by:

900
CK# 008 627
CP