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: <u>Professional</u> Reimbursement Services
KIND OF BUSINESS: Electronic Medical Billing
PLACE OF BUSINESS: 300 Church St Crown Pant 1146307/10645 Sherman St Crown Pant INC
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP
Melissa Buher at 300 Church St Crown Point IN 46307
Ruth Ann Ruher AT 101045 Sherman St. Crown Point 1N46307
Philip Buher AT R+3 Mitchell IN
7075008
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.
MILLIA BULLE MELISSA BULLET PRINTED NAME & 9
CAPACITY OF SIGNER
THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE TOURS COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF SERVICE BUSINESS OR OFFICE IF LOCATED.
FILED ON //-3-97 ,19RECORDER

9-024