

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: BROADWAY PHYSICAL THERAPY INC.

KIND OF BUSINESS: MEDICAL REHABILITATION

PLACE OF BUSINESS: 5445 BROADWAY GARY IN 46408

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP

ABEL DAFIASHOR AT 920 W. 56TH PL MERRILLVILLE IN 46410

_____ AT _____

_____ AT _____

_____ AT _____

_____ AT _____

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

ABD
WRITTEN SIGNATURE

ABEL DAFIASHOR
PRINTED NAME

PRESIDENT
CAPACITY OF SIGNER

MORRIS W. CARTER

97 DEC 24 AM 10: 28

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97088642

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 DEC 24th, 1997. Morris W. Carter RECORDER

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