

CERTIFICATE OF ASSUMED BUSINESS NAME

98053145

for persons (sole proprietorships, associations, or general partnerships) engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: HORIZON MEDICAL INSURANCE CLAIMS

NATURE OF BUSINESS: MEDICAL INSURANCE CLAIM FILE

ADDRESS OF BUSINESS: 6536 JEFFERSON

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

→ MITCHELL D. FORTNEY at 6536 JEFFERSON AVE.
at HAMMOND, IN. 46324
at _____
at _____

FORM PREPARED BY: MITCHELL D. FORTNEY

OWNER

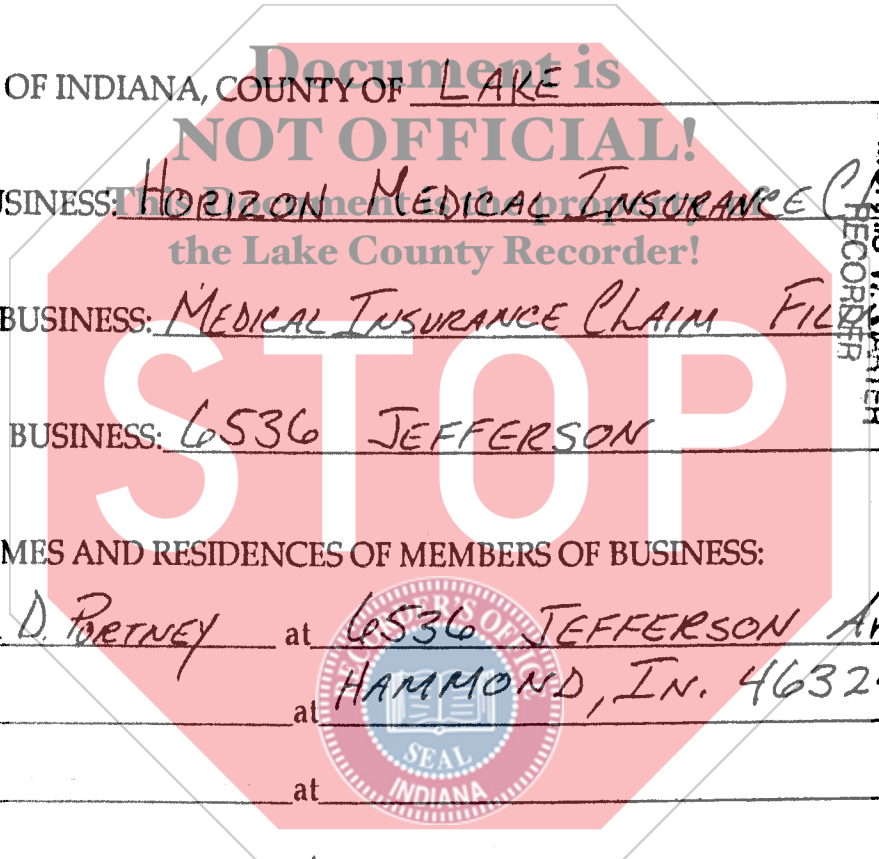
Mitchell D. Fortney
Member's Signature

MITCHELL D. FORTNEY
Printed Name

M. W. Carter
Capacity

Filed on July 14, 19 98, Recorder M. W. Carter

900
KMC



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 JUL 14 AM 8:56
MORRIS W. CARTER
RECORDER