

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

CERTIFICATE OF ASSUMED BUSINESS NAME
2000 058544 (All Corporations)

2000 AUG 15 PM 3:31

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.

MORRIS W. CARTER
RECORDER

Indiana Code 23-15-1-1, et seq.
FILING FEE PER CERTIFICATE
For-Profit Corporation, Limited Liability Company: Limited Partnership \$30.00
Not-For-Profit Corporation \$25.00
Certificate Additional \$15.00

1. NAME OF CORPORATION: DAMASIU, INC.
2. DATE OF INCORPORATION/ADMISSION: MAY 4, 1989
3. PRINCIPAL OFFICE ADDRESS OF THE CORPORATION:
9425 Parkway Drive
Highland, Indiana 46322
4. ASSUMED BUSINESS NAME(S):
EXPRESS PHARMACY
5. ADDRESS AT WHICH THE CORPORATION WILL DO BUSINESS UNDER ASSUMED BUSINESS NAME:
2635 169th Street
Hammond, Indiana 46323
6. SIGNATURE: *Vyto Damasius*
7. PRINTED NAME: Vyto Damasius, President

STATE OF INDIANA)
LAKE) SS:
COUNTY OF ~~KEEOK~~)

2000 Subscribed and sworn or attested to before me, this 14 day of August, 2000

MY COMMISSION EXPIRES:
4-18-2008



Sharon A Yuravits
SHARON A YURAVITS, Notary Public
Resident of Lake County, IN

I, _____, Recorder of Lake 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 _____, ~~1999~~ 2000.

Recorder's Signature

This instrument was prepared by: David R. Smelko, Attorney-at-Law.

CASH
9.00
Am



Official Stamp

STATE OF INDIANA
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MORRIS W. CARTER
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name Vyto Damasius

Address 2450 169th St.

City St Zip Hammond IN 46323

Telephone 219-845-2900

Signature Printed Vyto Damasius

Signature Written *Vyto Damasius*

Date of Signature 8/15/00

Check Number _____

Check Amount _____

CASH \$9.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials _____