CERTIFICATE OF ASSUMED BUSINESS NAME

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

	STATE OF	INDIANA, C	COUNTY OF_	LAKE	
NAME OF	BUSINESS	Advanced T	Pain Manager	ment Conter	\$
	OF BUSINESSOC				Ŋ.
ADDRESS	OF BUSINESS_	1057 ROYAL	DUBLIN CH	DYER, N	
PRINTED NA	MES AND RESIDEN	ICES OF MEN	BERS OF BUSI	NESS:	2000
SATISH	DASARI	at_	1057 ROYAL	DuBein Ch	DYER, N
Ravi	KANAYAMEDACA	at_	BANBUNIC	on cr, DY	57 ER, IN
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FORM PREPARED BY:				Sur III	
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	Saluh 1 Cu	<u>~</u>	SATISH DASAR	1 Pres	iden
Member's Signature		Pri	Printed Name		city
Filed	on9-6	2006	Molin	W. Carta	ecorder