

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, COUNTY OF LAKE

NAME OF BUSINESS Boland's Medical Billing

NATURE OF BUSINESS Medical Billing

ADDRESS OF BUSINESS 306 W. Anderson St, Crown Pt, IN, 46307

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Christina Holloway at 306 W. Anderson St, Crown Pt, IN 46307

at _____

at _____

at _____

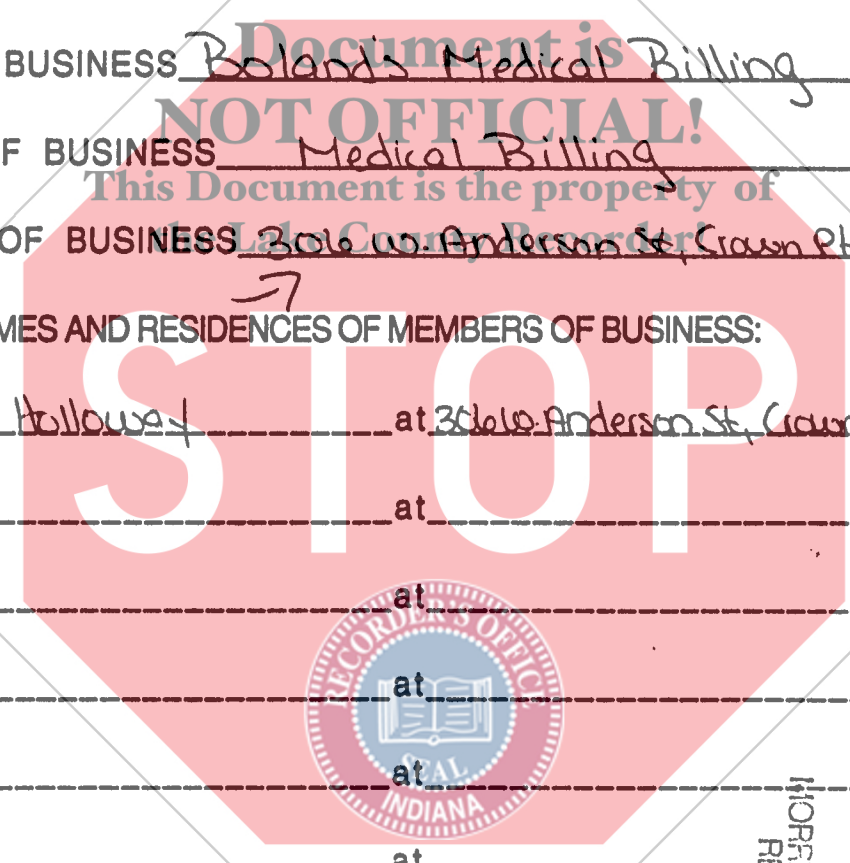
at _____

at _____

FORM PREPARED BY: Christina Holloway - owner

Christina Holloway Christina L. Holloway owner
Member's Signature Printed Name Capacity

Filed on 9-13, 2000 Melvin W. Carter Recorder



2000-0666731

STATE OF INDIANA
FILED
2000 SEP 13 AM 9:43
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