



CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)

State Form 30353 (R7/4-95)
State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E
Indianapolis, IN 46204
Telephone: (317) 232-6578

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.

Please TYPE or PRINT.

Indiana Code 23-15-1-1, et seq.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$3
Not-For-Profit Corporation	\$2
Certificate - Additional	\$1

1. Name of Corporation House Doctor MARK A. LAMB	2. Date of Incorporation / admission 2000 06 30
3. Principal office address of the Corporation (street address) 615 W. 50 SOUTH	
City, state and ZIP code Hebron IN 46341	
4. Assumed business name(s) House Doctor	
5. Address at which the Corporation will do business under assumed business name (street address) 615 W. 50 South	
City, state and ZIP code Hebron IN 46341	
6. Signature <i>Mark A. Lamb</i>	7. Printed name MARK A. LAMB

STATE OF INDIANA COUNTY OF LAKE SS: _____

Subscribed and sworn or attested to before me, this 21 day of _____

MARK A. LAMB appeared before me.

Notary Public: Louise P. Carter

My Notarial Commission Expires: 1-1-2001

My County of Residence is: Lake - 46407 - LAKE

2000 SEP 11 10 51 AM
FILED FOR RECORDING
STATE OF INDIANA
LAKE COUNTY
NOTARY PUBLIC
LOUISE P. CARTER
My Commission Expires 01-01-2001

I, _____ Recorder of _____ County, State of Indian

certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the _____ day of _____ 19____.

Recorder Signature _____

This instrument was prepared by: _____

C.S. *Doc* AC



2000 069073

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 SEP 21 AM 10:56

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 MARK A. LAMB

Address 615 W 50 SOUTH

City St Zip Hebron IN 46341

Telephone 219-988-4804

Signature Printed MARK A. LAMB

Signature Written Mark A. Lamb

Date of Signature 9-21-00

Check Number _____

Check Amount CASH \$ 10.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials AC