

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: HEALTH CLAIMS PROCESSING GROUP

NATURE OF BUSINESS: ELECTRONIC CLAIMS PROCESSING

ADDRESS OF BUSINESS: 1341 TRUMAN ST, HAMMOND 46320

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

MILDRED RODRIGUEZ at 1341 TRUMAN ST, HAMMOND 46320

JUAN RODRIGUEZ at 1341 TRUMAN ST, HAMMOND 46320

_____ at _____

_____ at _____

FORM PREPARED BY: MILDRED RODRIGUEZ

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Mildred Rodriguez MILDRED RODRIGUEZ PRESIDENT & CEO
Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this 22 day of MAY, 20 02

Carolina Borowiec CAROLINA BOROWIEC LAKE
Signature of Notary/Recorder Printed Name County of Residence

(Notaries only) my commission expires JULY 19, 2009

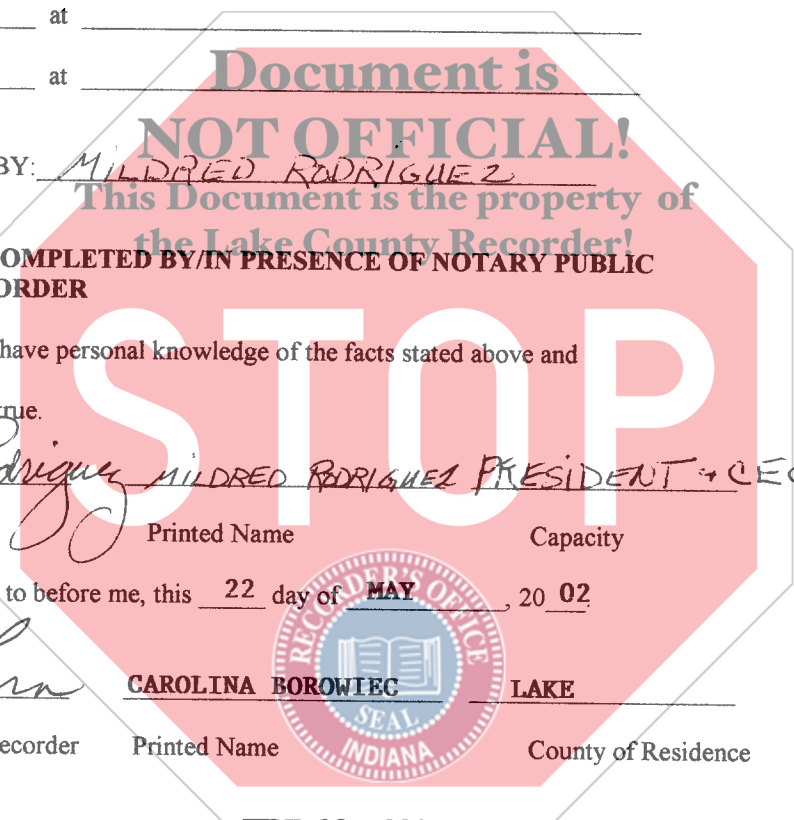
Filed on 5/22, 20 02 Morris W. Carter, Recorder

2002 047741

2002 MAY 22 PM 12:12

MORRIS W. CARTER
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



Handwritten initials/signature