



**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)**

State Form 30353 (R10 / 1-02)

State Board of Accounts Approved 2002

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

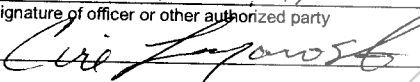
Indiana Code 23-15-1-1, *et seq.*

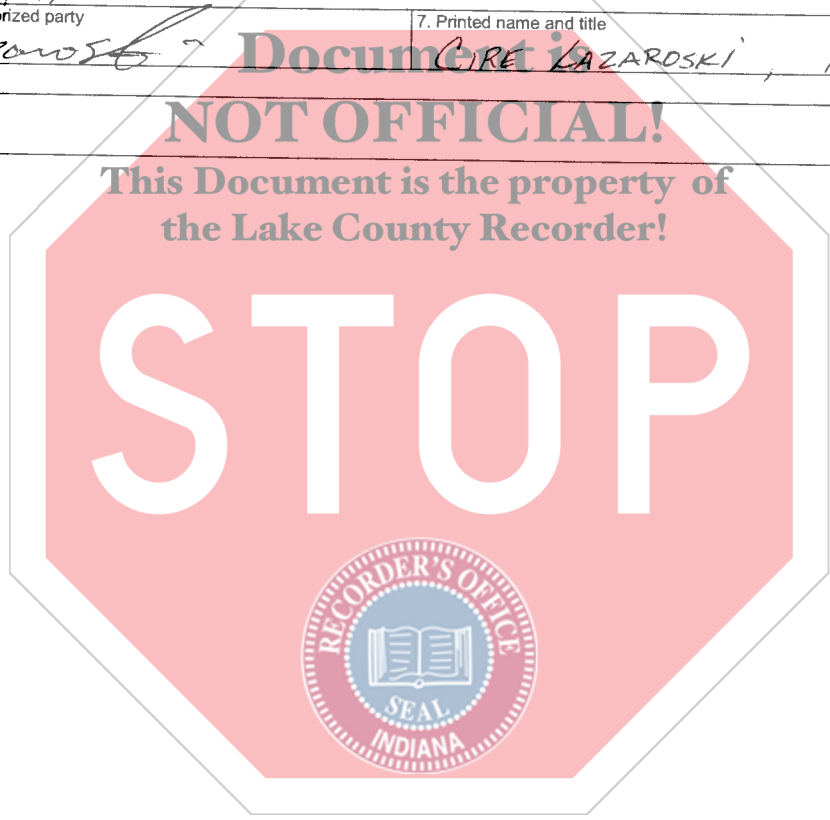
INSTRUCTIONS:

1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
 2. FEES ARE PER CERTIFICATE. Please make check or money order payable to Indiana Secretary of State.
- Please TYPE or PRINT.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00

1. Name of Corporation, LLC or LP LAZAROSKI CHIROPRACTIC, P.C.		2. Date of incorporation / admission / organization 12-27-2000	
3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 1733 E. 37th AVE City, state and ZIP code HOBART, IN 46342			
4. Assumed business name(s) BODY CARE CHIROPRACTIC CLINIC			
5. Principal office address of the Corporation, LLC, LP (street address) 4344 E. 97th AVE City, state and ZIP code CROWN POINT, IN 46307			
6. Signature of officer or other authorized party 		7. Printed name and title CIRI LAZAROSKI, President	
This instrument was prepared by:			



2002 058586

2002 JUN 28 AM 9:40
MORRIS W. CARTER
RECORDER

FILED FOR RECORD
LAKE COUNTY
RECORDER

10.00
M.V.
CASH