

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MAY 31 2003
MURRIS W. CARTER
RECORDER

Secretary of State of Indiana
2009 007859
155 State House, Indianapolis, Indiana 46204
(317) 232-6576

INSTRUCTIONS:

Corporations Only

This Certificate must first be recorded in the office of the 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.

Fee for filing with the Secretary of State: \$30.00 or \$45.00 (if a certificate issued by the Secretary of State is desired)

Certificate of Assumed Business Name

1. Name Of The Corporation Northwest Indiana Eye Associates, P.C.
2. Date Of Incorporation / Admission 8-1-1991
3. Principal Office Address Of The Corporation 1620 Country Club Road, Suite A
Valparaiso, Indiana 46383
4. Assumed Business Name Felton-Lewyckyj-Evans Eye Clinic
5. Address At Which The Corporation Will Do Business Under The Assumed Business Name
297 Franciscan Lane, Crown Point, Indiana 46307
701 Superior Avenue, Suite A, Munster, Indiana 46321


(Written Signature Of Officer)

President
(Title Of Officer)

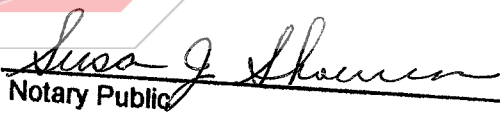
John L. Felton
(Printed Name Of Officer)

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)



Subscribed and sworn or attested to before me, this 30th day of May, 2003

SUSAN J. SHOWERS
Notary Public, State of Indiana
County of Porter
My Commission Expires May 13, 2010


Notary Public

My Notarial Commission Expires: May 13, 2010

My County Of Residence Is: Porter

I, _____, Recorder of Lake County, State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the _____ day of _____, 199__.

Recorder

Terrell + Thrall, LLP
1158 W. Lincolnway
Valparaiso, IN. 46385

10.00
DG
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