

# 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 Lake

NAME OF BUSINESS Hobart Dental Center

NATURE OF BUSINESS Dentistry

ADDRESS OF BUSINESS 1414 Cleveland Ave Hobart IN

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS: 46342

Thomas K Marxer at 0700 E 83rd Ave  
Crown Point IN 46307

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

FORM PREPARED BY:

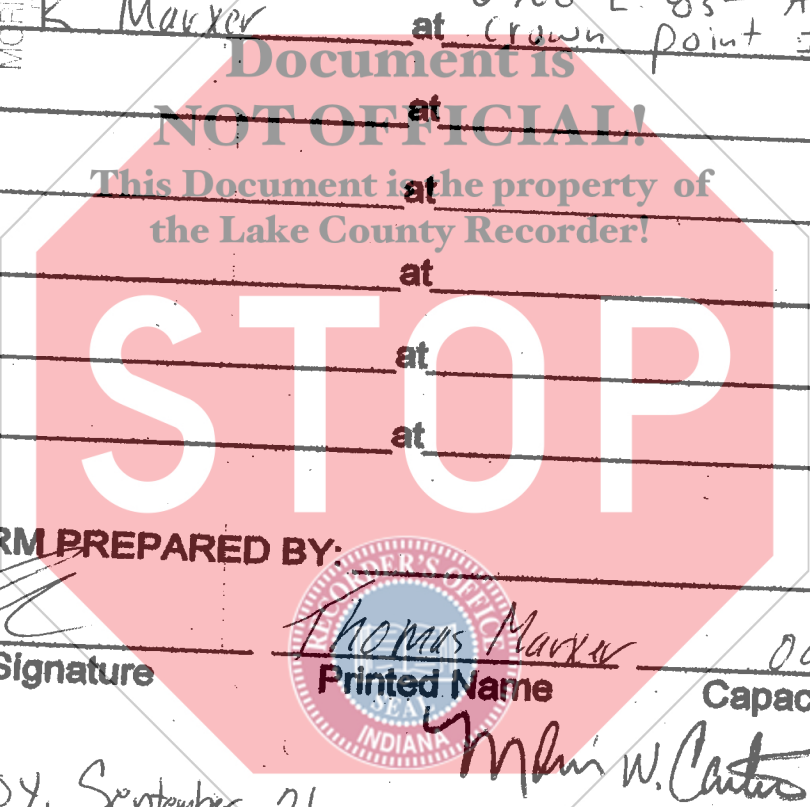
[Signature]  
Member's Signature

Thomas Marxer  
Printed Name

owner / sole proprietor  
Capacity

Filed on 2004, September 21, Recorder

9-21-04  
M.V.  
CASH



FILED  
2004  
MORNING  
461180  
2004 08 11 94