

# 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 Ridgewood Dental Center

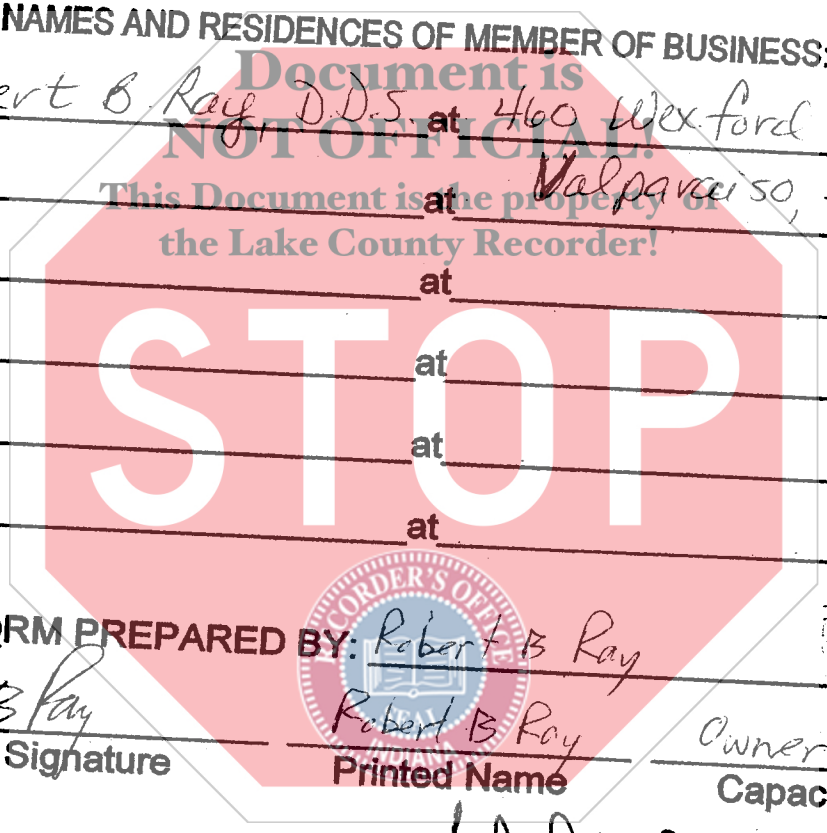
NATURE OF BUSINESS Dental

ADDRESS OF BUSINESS 7777 E. Ridge Road, Suite A

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

Robert B Ray, D.D.S. at 460 Wexford Road Hobart, IN 46342

7 \_\_\_\_\_ at \_\_\_\_\_ 2005051784  
\_\_\_\_\_ at \_\_\_\_\_ 46385  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_



FORM PREPARED BY: Robert B Ray  
Robert B Ray Owner  
Member's Signature Printed Name Capacity

Filed on Jun 23, 15 Michael A Brown, Recorder

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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CP