

2006 010220

2006 FEB - 8 AM 10: 29

MICHAEL A. BROWN  
RECORDER

### Certificate of Assumed Business Name

To be used by persons who are establishing (sole proprietorships, associations, or general partnerships), and are engaged in a business under a name other than their own.

State of Indiana, County LAKE

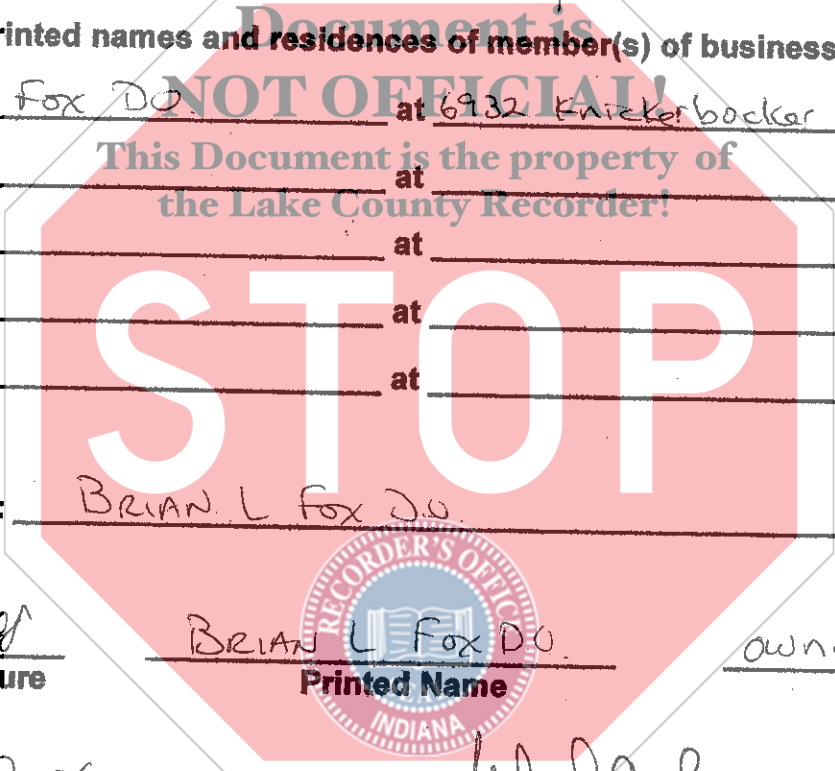
Name of Business DERMACARE LASER and SKIN Care Clinics

Nature of Business SKIN Care

Address of Business 5021 E. US Rte 30, Merrellville IN 46410

Printed names and residences of member(s) of business:

BRIAN L FOX D.O. at 6932 Knickerbocker Pkwy Hammond IN 46323  
 at \_\_\_\_\_  
 at \_\_\_\_\_  
 at \_\_\_\_\_  
 at \_\_\_\_\_



Form prepared by: BRIAN L FOX D.O.

Brian L Fox  
Members's Signature

BRIAN L FOX D.O.  
Printed Name

owner  
Capacity

Filed on 2-8-2006, Michael A Brown, Recorder  
HaeChfDep/7/09/05

11-  
FP  
CS

Prescribed by the  
State Board of Accounts  
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



  
Signature of Declarant

BRIAN L FOX DO  
Printed Name of Declarant