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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 010271

2006 FEB -8 PM 12:19

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 EPOCH SCORING

Nature of Business SCORING SLEEP STUDIES

Address of Business 1726 W. 96<sup>TH</sup> AVENUE CROWN POINT, IN 46307

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

→ PAMELA S FREEMAN at 1726 W. 96<sup>TH</sup> AVENUE CROWN POINT, IN 46307

This Document is the property of  
the Lake County Recorder!

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

Form prepared by: PAMELA S. FREEMAN

Pamela S. Freeman  
Members's Signature

PAMELA S. FREEMAN  
Printed Name

Proprietor  
Capacity

Filed on 2-8-06, 2006 Michael A Brown, Recorder  
HaeChfDep/7/09/05

1100  
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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.



*Pamela S. Freeman*  
Signature of Declarant

*Pamela S. Freeman*  
Printed Name of Declarant