BB

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 OF Lake

NAME OF BUSINESS: Nathaniel Ross, MD	
NATURE OF BUSINESS: Health care	
ADDRESS OF BUSINESS: 8542 Doubletree Dr. So., Crown Point , IN 46307	2
PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:	
Nathaniel Ross at 8542 Doubletree Dr. So., Crown Point , IN 46307	
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Nat TOFFICIAL!	
SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER	
I hereby certify that I have personal knowledge of the facts stated above and that each of the are true. Nathaniel Ross Owner	em
Member's Signature Printed Name Capacity	_
Subscribed and sworp to before me, this 200 day of Myset, 2008. LATRICIAD DAVIS LAKE	
Signature of Notary/Recorder Printed Name County of Residence	-
(Notaries only) by commission expires 10/15/2015 FORM PREPARED BY: Tania Lemus, Legalzoom.com, Inc.	
FORWI PREPARED BY	-
I affirm, under the penalties for perjury, that have taken reasonable care to redact each Social Security number in this document, unless required by law	
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