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## 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 Trogressive Dental Technologies
	NATURE OF BUSINESS Dental Las
	ADDRESS OF BUSINESS 18150 East Ridge Road Hobart, IN463
	PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:
$\rightarrow$	Daniel A. Anderson at 459 West 300 South Valparaiso, IN 46385
	at
	at
	at
	FORM PREPARED BY: Janiel H. Anderson
	& Smid G. anderson Dariel A. Anderson Owner w
	Member's Signature Printed Name Capacity
	Filed on September 18th, 2009 Michael a Brown, Recorder