

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 060323

2010 OCT 18 AM 9:18

MICHELLE K. FAJMAN  
RECORDER

### CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships)  
engaged in business under a name other than their own (DBA)

NAME OF BUSINESS: HIGHLAND DENTAL CLINIC

NATURE OF BUSINESS: GENERAL DENISTRY

ADDRESS OF BUSINESS: 3737<sup>th</sup> 45<sup>th</sup> STREET, HIGHLAND, INDIANA 46322

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

CHARLES C. PUNTILLO, D.D.S. at 1519 WILDERNESS DRIVE, SCHERERVILLE,

MADOLYN S. PUNTILLO at 1519 WILDERNESS DRIVE, SCHERERVILL, I

at \_\_\_\_\_

at \_\_\_\_\_

at \_\_\_\_\_

Charles C. Puntillo CHARLES C. PUNTILLO OWNER  
Member's Signature Printed Name Capacity

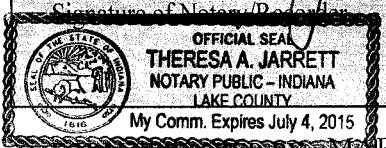
**SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER**  
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

STATE OF INDIANA, COUNTY OF LAKE

Subscribed and sworn to before me, this 15<sup>th</sup> day of October, 2010 (year).

Theresa A Jarrett Theresa A Jarrett LAKE  
Signature of Notary/Recorder Printed Name County of Residence

(Notaries only) my commission expires 7-4-2015



FORM PREPARED BY: MARSHALL J. GOLDSMITH

"I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law."

Marshall J. Goldsmith  
(name)

#11  
CS  
CA