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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)

(22.1)	
STATE OF INDIANA, COUNTY_ Lake	
NAME OF BUSINESS Kid Power Therapy	
NATURE OF BUSINESS Pediatric herapy Services	
ADDRESS OF BUSINESS 5201 Fountain Dr., Ste D. Giun Point	+ IN
PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:	46307
Kimberly Power at 1719 wilson St, Muster IN 46	(35/
John Power at 1719 Wilson Sty Mursky IN 463	71
7at	
at	
FORM PREPARED BY: John Power The Power John Power Member's Signature Printed Name Capacity Filed on 12-10-10, White Printed Recorder	\$11 CK#98 CV
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