

2011 014313

2011 MAR 15 AM 9:37

MIC: [unclear] 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)

STATE OF INDIANA, COUNTY LAKE

NAME OF BUSINESS Midwest Medical Transportation

NATURE OF BUSINESS Non-emergency Medical Transportation

ADDRESS OF BUSINESS 610 E 20th Ave Gary, IN 46407

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

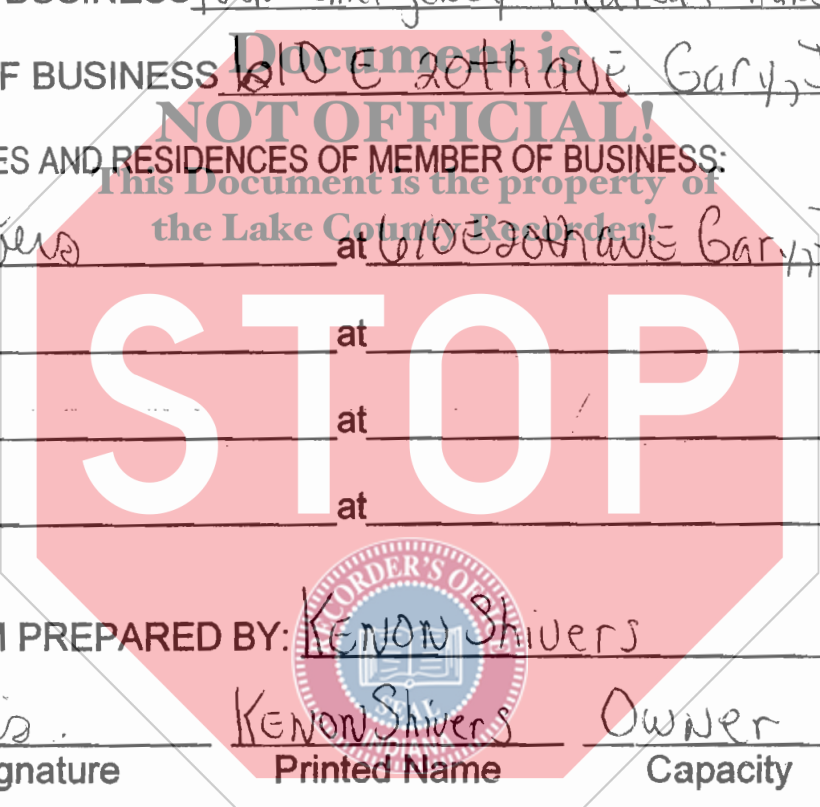
Kenon Shivers at 610 E 20th Ave Gary, IN 46407

at _____
at _____
at _____

FORM PREPARED BY: Kenon Shivers

Kenon Shivers Kenon Shivers Owner
Member's Signature Printed Name Capacity

Filed on 3-15-11, _____, [Signature] Recorder



\$11
CS
CA