

2011 026739

2011 MAY 12 PM 3:09

MICROFILMED  
RECORDED

# 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 CYBIDIAN School of Allied Health

NATURE OF BUSINESS Education

ADDRESS OF BUSINESS 6304 Van Buren, Hammond, IN 46320

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

RODINA V. GOODMAN at 6304 VAN BUREN, HAMMOND, IN 46320

\_\_\_\_\_  
at \_\_\_\_\_  
\_\_\_\_\_  
at \_\_\_\_\_  
\_\_\_\_\_  
at \_\_\_\_\_

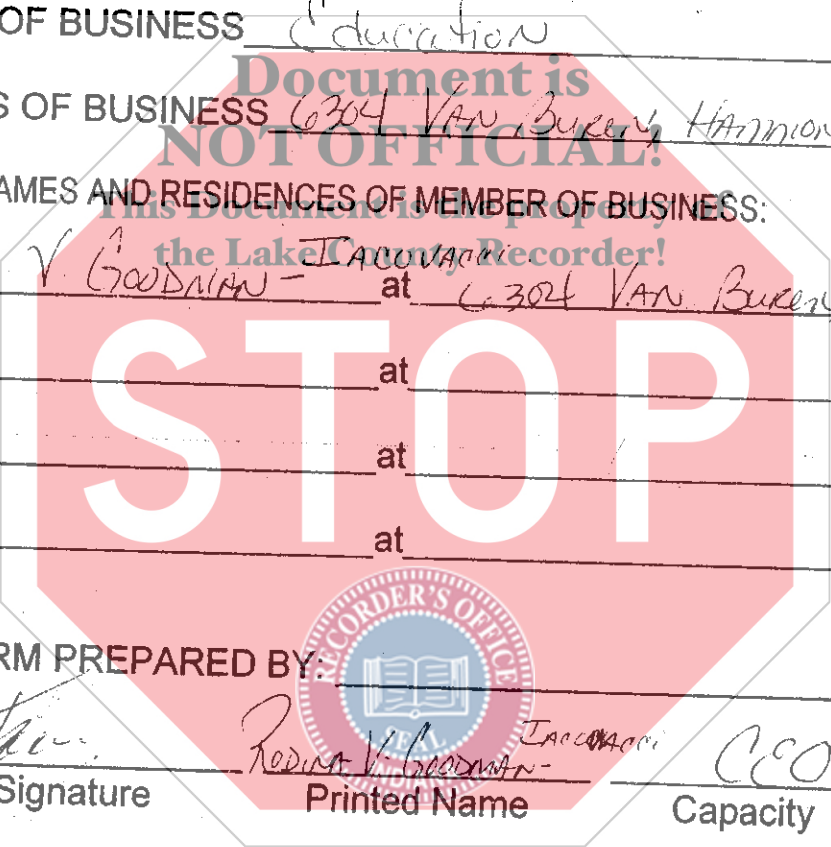
FORM PREPARED BY:

[Signature]  
Member's Signature

Rodina V. Goodman  
Printed Name

CEO  
Capacity

Filed on 5-12-11, [Signature] Recorder



\$11  
CS  
WA