

2011 028020

2011 MAY 19 PM 2:29

MICHAEL J. MAN
RECORDER

CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: SecondKnife

NATURE OF BUSINESS: Surgical assisting services

ADDRESS OF BUSINESS: 8958 White Oak Avenue, Apartment 6
Munster, Indiana 46321

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:



Felipe I. Chua, Jr. at 8958 White Oak Avenue, Apartment 6, Munster, Indiana 46321

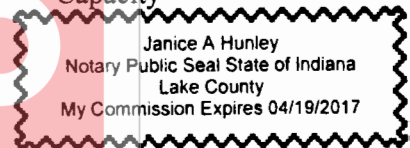
FORM PREPARED BY: Felipe I. Chua, Jr.

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.



[Signature] FELIPE I. CHUA, JR. PROPRIETOR
Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this 19th day of May, 2011.



[Signature] Janice A. Hunley Lake
Signature of Notary Printed Name County of Residence

My commission expires 4-19-2017

Filed on May 19th, 2011, *[Signature]* Recorder

"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."
PREPARED BY: *[Signature]*

AMOUNT \$ 11.00
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK *[Signature]*