

2011 054043

2011 SEP 30 AM 10:14

MICHAEL D. 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 ROBERT M MODROWSKI, D.D.S.

NATURE OF BUSINESS GENERAL DENTISTRY

ADDRESS OF BUSINESS 9495 KELMAN ST, PO BOX 81 ST JOHN, IN 46373

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

ROBERT M MODROWSKI at 9001 FRANKLIN DR ST JOHN, IN 46373

KRISTY MODROWSKI at 8635 KELLY DR ST JOHN, IN 46373

_____ at _____

_____ at _____

FORM PREPARED BY: ROBERT M MODROWSKI

Robert M Modrowski ROBERT M MODROWSKI OWNER
Member's Signature Printed Name Capacity

Filed on 30 SEPTEMBER 2011

Michael D. Fajman

Recorder AMOUNT \$ 11⁰⁰

CASH _____ CHARGE _____

CHECK # 8971

OVERAGE _____

COPY 1

NON-COM _____

CLERK BB