

2011 054172

2011 SEP 30 PM 12:09

MICHELLE R. 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 SPECIALTY EYE CARE CENTER

NATURE OF BUSINESS Eye Care

ADDRESS OF BUSINESS 11420 Proceedway, CP, IN 46307

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

Lourdes Lorino, OD at 2780 Quicksilver Dr, Chesterton In  
46307

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

FORM PREPARED BY:

Lourdes Lorino, OD

Lourdes Lorino, OD  
Member's Signature

Lourdes Lorino, OD  
Printed Name

OWNER  
Capacity

Filed on September 30, 2011.

Michelle R. Fajman, Recorder

AMOUNT \$ 11.00  
CASH  CHARGE \_\_\_\_\_  
CHECK # \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK BB