

2013 016367

2013 MAR -4 AM 10:32

MICHAEL B. BROWN
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 county

NAME OF BUSINESS Approved Health

NATURE OF BUSINESS Health's insurance

ADDRESS OF BUSINESS 6935 Fillmore Dr, Mendonville, IN, 46410

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

→ Kingsley Vibert at 6935 Fillmore Dr, Mendonville, IN 46410

_____ at _____

_____ at _____

_____ at _____

FORM PREPARED BY: Kingsley Vibert

[Signature] Kingsley Vibert Sole Proprietary
Member's Signature Printed Name Capacity

Filed on March 4th, 2013 Michael B. Brown Recorder

11:00
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