

CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: SANDHYA C DONEPUDI MD FACC

NATURE OF BUSINESS: CONSULTANT IN CARDIOVASCULAR DISEASE

ADDRESS OF BUSINESS: 5454 HOFFMAN AVE, HAMMOND IN 46320

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

→ SANDHYA KANAKAMEDALA
at 1328 BALLYBUNION COURT DYER IN 46311
at _____
at _____
at _____

FORM PREPARED BY: FRANK J MARYNOWSKI

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

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

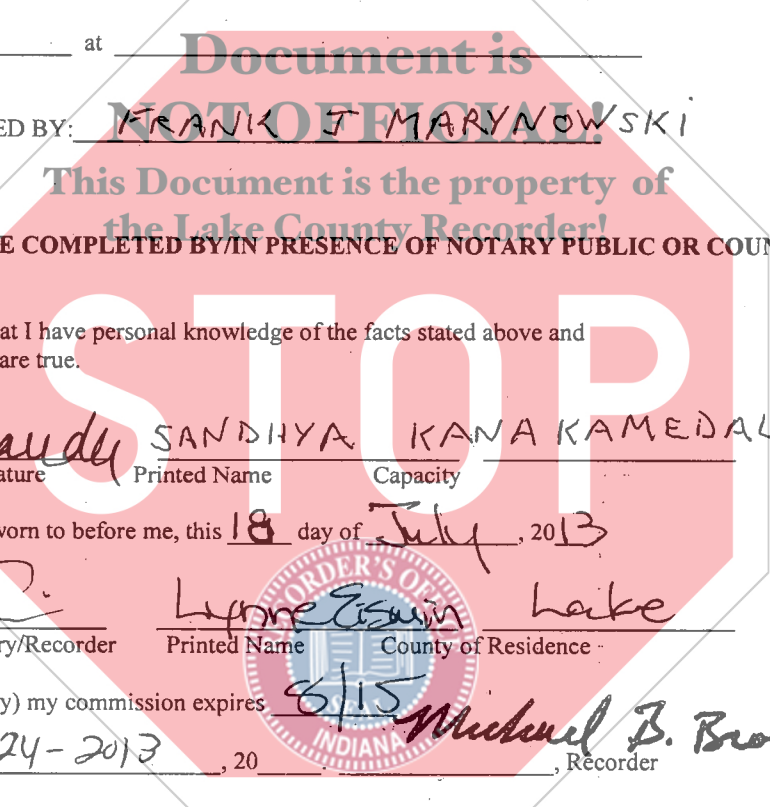
[Signature] SANDHYA KANA KAMEDALA
Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this 18 day of July, 2013

[Signature] Lynne Eswein Lake
Signature of Notary/Recorder Printed Name County of Residence

(Notaries only) my commission expires 8/15

Filed on 7-24-2013, 2013, Michael B. Brown, Recorder



2013 054235

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2013 JUL 24 PM 3:54

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CASH
NON CONF
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