

3656 Grant St.  
Suite 5  
Gary, Ind.  
46408

808610

INSTRUCTIONS:

Corporations Only

This certificate must first be recorded in the office of the County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State.

Fee for filing with the  
Secretary of State:

\$20.00

or

\$26.00 (if a certificate issued by the  
Secretary of State is desired)

CERTIFICATE OF ASSUMED BUSINESS NAME

1. Name of the Corporation Foston & Foston Medical & Surgical Professional Corporation
2. Date of Incorporation/Admission November 5, 1984
3. Principal Office Address of the Corporation 1137 E. Ridge Road, Gary,  
Indiana 46409
4. Assumed Business Name Foston Adolescent Care Center
5. Address at which the Corporation will do business under the assumed business name  
3656 Grant Street - Suite 1, Gary, Indiana, 46408

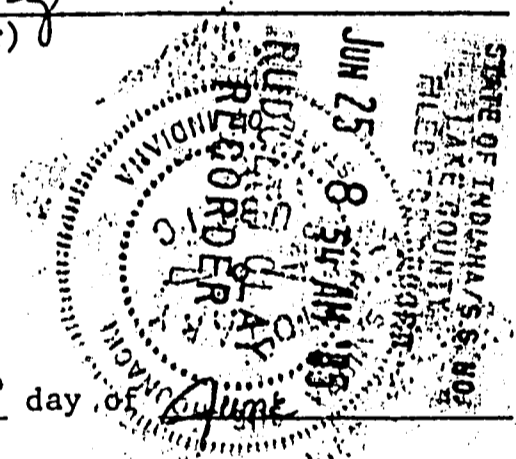
Rebera E Foston M.D.  
(Written Signature of Officer)

Secretary  
(Title of Officer)

REBERA E. FOSTON, M.D.  
(Printed Name of Officer)

STATE OF Indiana )  
COUNTY OF Lake )

SS:



Subscribed and sworn or attested to before me, this 24<sup>th</sup> day of June, 1985.

Sandra Sue Wojnicki  
Notary Public

My Notarial Commission Expires: Jan 20, 1988

My County of Residence is: Lake

I, \_\_\_\_\_, Recorder of \_\_\_\_\_ County,  
State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed  
Business Name recorded in my office on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Recorder

4/00