

## CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4 / 3-87): Approved by State Board of Accounts 1987

<del>926</del>13199

Secretary of State of Indiana 155 State House Indianapolis, Indiana 46204 (317) 232-6578

Provided by:

EVAN: BAYH

INSTRUCTIONS: (CORPORATIONS ONLY)

This certificate must first be recorded in the office of 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 filled with the Secretary of State. Indiana Code:23-15-1-1

Fee for filling with the Secretary of State: \$30.00 or \$45.00, if a certificate issued by the Secretary of State is desired. 1. Name of Corporation 2. Date of Yat SASSANDA / Admission GERICARE, INC. November 12, 1987 3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) P.O. Box 56231, Little Rock, AR 72215 4. Assumed Business Name(s) VESTA HEALTH SYSTEMS, INC. 5. Address at which the Corporation will do business under assumed business under a summer (Street, City, State and ZIP Code) IN One North Capitol Ave/ Indianapolis 46204 6. Signature Arkansas This Document is the property of STATE OF \_\_\_\_ the Lake County Recorder! Pulaski COUNTY OF \_\_\_\_ 7th January Subscribed and sworn or attested to before me, this \_\_\_\_ ₁9 <u>92:</u> . Notary, Public My Notarial Commission Expires: May 1, 2001 My County of Residence is: Pulaski County, State of Indiana, certify that the foregoing is a true cool All the Certificate of Assumed Business Name recorded in my office on the \_\_\_ Recorder Signature This instrument was prepared by

2 Playsocation System ( 2 Peachtree St 71.11) Ste 1111