

CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4 / 3-87)

Approved by State Board of Accounts 1987 94029281

rrovided by: EVAN BAYH

Secretary of State of Indiana 155 State House

Indianapolis, Indiana 46204 (317) 232 6576

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Cachas, TX

## 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 filed with the Secretary of State. Indiana Code 23-15-1-1

Fee for filing 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 Incorporation / Admission
Prime Kidney Stone Treatment, Inc.	3/11/92
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code)	3/11/72
1301 Capitol of Texas Highway, Ste. C-300, Austin, Texas 78746	
4. Assumed Business Name(s)	
Prime Lithotripsy Services	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code)	
c/o St. Mary Medical Center, 1500 S. Lake Park, Hobart, Indiana 46342 6. Signature Name Printed	
	stier, Asst. Secretary
NOTOFFICIA	
STATE OF Devas This Document is the prop	
COUNTY OF Practis the Lake Couss: y Record	der!
Subscribed and sworn or attested to before me, this	day of april :
Notary Public Melinde Breedlove	MELINDA BREEDLOVE
My Notarial Commission Expires.	My Commission Expires MAY 3, 1995
My County of Hesidence is:  Mauis	
, Recorder of	County,
State of Indiana, certify that the foregoing is a true copy of the Certificate	
	/
office on the day of	
19	1 00
Recorder Signature	(ôn
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This instrument was prepared by	