



# CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4 / 3-87)

Approved by State Board of Accounts 1987

**94029282**

*CT Corporation System*  
350 N. St. Paul St., Ste 2900  
Dallas, TX 75201

Provided by: EVAN BAYH  
Secretary of State of Indiana  
155 State House  
Indianapolis, Indiana 46204  
(317) 232-6576

**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 Prime Kidney Stone Treatment, Inc.	2. Date of Incorporation / Admission 3/11/92
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 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. Catherine Hospital, 4321 Fir Street, E. Chicago, Indiana 46312	
6. Signature <i>Louis Mestier</i>	Name Printed Louis Mestier, Asst. Secretary

STATE OF Texas COUNTY OF Texas

Subscribed and sworn or attested to before me, this 14 day of April, 1994.

Notary Public: Melinda Breedlove  
My Notarial Commission Expires: 5-3-95  
My County of Residence is: Texas

STATE OF INDIANA  
LAKE COUNTY  
FILED  
APR 19 8 54 AM '94  
S. RECORDER

NOTARY PUBLIC  
MELINDA BREEDLOVE  
Notary Public, State of Texas  
My Commission Expires  
MAY 3, 1995

RECORDERS OFFICE  
INDIANA

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 Signature

This Instrument was prepared by