State Form 30353 R2

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

INSTRUCTIONS:

	Corporations Only		1
This certificate must first f each county in which a place ertificate, certified by the Cof State.	be recorded in the office of of business or office is loca unty Recorder, must be filed	with the Secretary	en m ya ₹
Fee for filing with the Secretary of State:	\$30.00	3 7	
		rtificate issued by E State is desired)	CI
	PICHE OF ASSIMED LOS INESS IN		
. Name of the Corporation	ARTON HOME FOUNDATION, INC		
	ment is the property o		
Principal Office Address	re County Recozzierast	7th Ave., Gary, I	IN 46402
Assumed Business Name MAR	ION HOME FOR PREGNANT ADOL	ESCENTS	
Address at which the Corporate 225 East 7th Ave., Gar	ration will do business under	the assumed business	
Come June	INTERIM EXEC	UTIVE DIRECTOR	္ သိုက္က
(Written Signature of Officer) ANNIE TURNER (Printed Name of Officer)	Exitle of Office	er) 9	RECORD NOTE 39
STATE OF INDIANA	SEAL MOIANAULUSS:	28 28 3	
COUNTY OF LAKE	description of the construction of the constru		
Subscribed and sworn or at 19 <u>94</u> .	tested to before me, this 23	day of DECEMBE	Regulate
androna (1965) Santago antro antro antro de la compa	Notary Public 4-17-97	ESTHER ROCHA	
My Notarial Commission Expires:			
My County of Residence is:			
I, State of Indiana, certify that Assumed Business Name recorded 19		of the Certificate	of
		• • • with the second of the s	· · · · · · · · · · · · · · · · · · ·

Recorder