



CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R7 / 4-95)

State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E019
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

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.

Please TYPE or PRINT.

Indiana Code 23-15-1-1, et seq.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00
Certificate - Additional	\$15.00

1. Name of Corporation SHEPARD REHABILITATION ASSOC.	2. Date of incorporation / admission 97022195
3. Principal office address of the Corporation (street address) 5460 Fillmore ST	
City, state and ZIP code MERRILLVILLE IN 46410	
4. Assumed business name(s) SHEPARD REHABILITATION ASSOC.	
5. Address at which the Corporation will do business under assumed business name (street address) 5460 Fillmore ST	
City, state and ZIP code MERRILLVILLE IN 46410	
6. Signature <i>[Signature]</i>	7. Printed name IRIKUNLE SALAMA

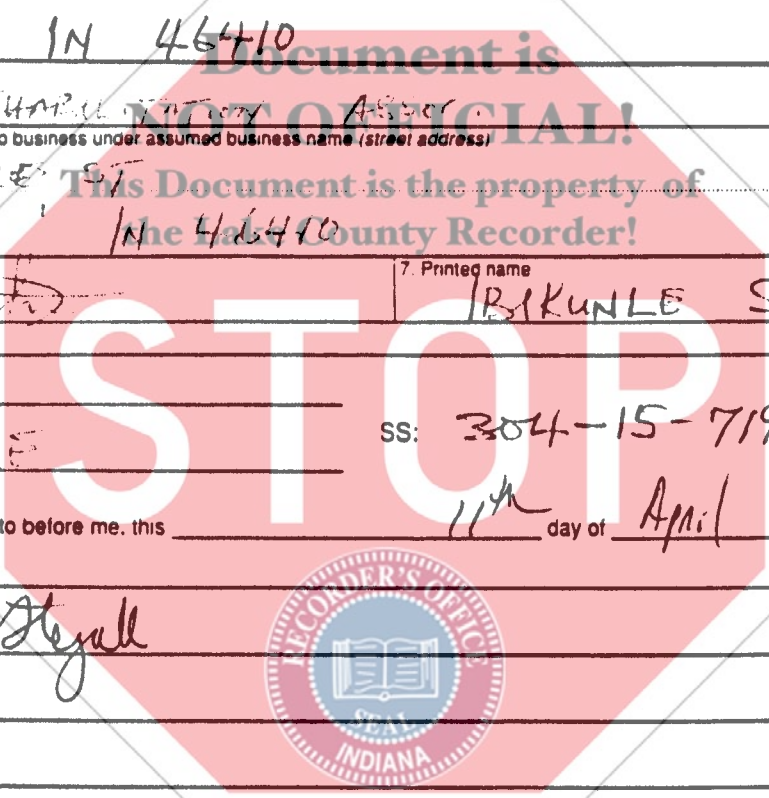
STATE OF IN
 COUNTY OF LAKE SS: 304-15-7196
 Subscribed and sworn or attested to before me, this 11th day of April

Notary Public
[Signature]
 My Notarial Commission Expires: JUNE 19 1998
 My County of Residence is: LAKE

I, Morris Carter, Recorder of LAKE 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 11th
 day of April, 1997.

Recorder Signature
[Signature]

This instrument was prepared by:



STATE OF INDIANA
 LAKE COUNTY
 RECORDER
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