



**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. E018
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 Hillhaven/Indiana Partnership	2. Date of Incorporation / admission July 5, 1995
3. Principal office address of the Corporation (street address) 400 West Market Street	
City, state and ZIP code Louisville, KY 40202	
4. Assumed business name(s) Regency Place of Dyer	
5. Address at which the Corporation will do business under assumed business name (street address) 2300 Grat Lakes Drive	
City, state and ZIP code Dyer, IN 46311	
6. Signature <i>Joseph L. Landenwich</i>	7. Printed name Joseph L. Landenwich

97086490

STATE OF Kentucky SS:
 COUNTY OF Jefferson
 Subscribed and sworn or attested to before me, this 24th day of November 1995

Notary Public
Rose C. Foushee
 My Notarial Commission Expires:
July 17, 2001
 My County of Residence is:
Jefferson

MORRIS W. CARTER
 RECORDER
 97 DEC 17 AM 9:09
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

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: Polly Franklin, 400 West Market Street, Louisville, KY 40202

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