

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

97088224

97 DEC 23 AM 10:22

MORRIS W. CARTER

**NOTICE OF DISSOLUTION OF  
NORTHLAKE MEDICAL CENTER LIMITED PARTNERSHIP**

Pursuant to the provisions of I.C. §23-15-1-1, the undersigned limited partnership hereby cancels its Certificate of Limited Partnership.

1. The name of the limited partnership is **Northlake Medical Center Limited Partnership**.
2. The date the initial Certificate of Limited Partnership was recorded is **December 23, 1985, as Document Number 834259** with the Recorder's Office of Lake County, Indiana.
3. The reason for filing the Certificate of Cancellation is **Dissolution** pursuant to I.C. §23-16-9-1.
4. This certificate is effective on **December 31, 1997**.
5. Other matters the limited partnership agrees to include in this certificate: **None**.

Executed by all general partners this 16th day of December, 1997.

**POWERS-COMBS DEVELOPMENT CORP.**  
General Partner, Northlake  
Medical Center Limited Partnership

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE    )

By: Mamon Powers, Jr.  
Mamon Powers, Jr., President

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of December, 1997 personally appeared Mamon Powers, Jr., President of Powers-Combs Development Corp., General Partner of Northlake Medical Center Limited Partnership, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

September 3, 2000  
17127

Atte. S. Eskew (Atte S. Eskew)  
Notary Public  
Resident of Lake County

This Instrument Prepared By: **Bonnie C. Coleman, Attorney at Law**  
8700 Broadway, Merrillville, IN 46410

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