

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99085120

99 OCT 15 AM 9:59



**CERTIFICATE OF ASSUMED BUSINESS NAME  
(All Corporations)**

State Form 30353 (R8 / 9-97)

State Board of Accounts Approved 1996

MORRIS W. C...  
RECORDER

SUE ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-8576

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

**INSTRUCTIONS:**

- 1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
- 2. FEES ARE PER ASSUMED NAME. Please make check or money order payable to: Indiana Secretary of State. Please TYPE or PRINT.

**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, LLC or LP <b>PSI Services III, Inc.</b>	2. Date of incorporation / admission <b>October 1, 1996</b>
3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) <b>475 Broadway Suite 507</b> City, state and ZIP code <b>Gary, IN 46402</b>	
4. Assumed business name(s) (\$30.00 per name) <b>PSI Family Services of Indiana, Inc.</b>	
5. Principal office address of the Corporation, LLC, LP (street address) <b>4600 East-West Highway Suite 900</b> City, state and ZIP code <b>Bethesda, MD 20814-3415</b>	
6. Signature 	7. Printed name <b>Michael E. Abramowitz</b>

STATE OF Maryland

COUNTY OF Howard

Subscribed and sworn or attested to before me, this 6<sup>th</sup> day of October, 19 99

Notary Public  
**Arleastrice M. Taylor**

My Notarial Commission Expires: **3-31-03** My County of Residence is: **Howard**

This instrument was prepared by:  
**Michael E. Abramowitz**

10.00  
per

200235