

2

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of

**SISTERS OF ST. FRANCIS HEALTH SERVICES, INC.**

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

**ST. MARGARET MERCY COMPREHENSIVE COUNSELING**

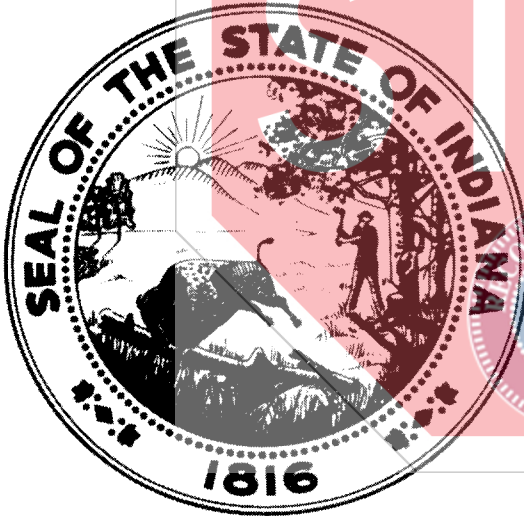
2002 01 11 131

Document is  
**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, January 22, 2002.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 22, 2002.



*Sue Anne Gilroy*

SUE ANNE GILROY,  
SECRETARY OF STATE

197409-326 / 2002012438049

1200  
LOCK  
1841



# CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R8 / 9-97)  
State Board of Accounts Approved 1995

APPROVED  
AND  
FILED

SUE ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

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

### INSTRUCTIONS:

- 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.
- 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 |

IND. SECRETARY OF STATE

*Sue Anne Gilroy*

|  |  |   |  |
|--|--|---|--|
| 1. Name of Corporation, LLC or LP<br><b>Sisters of St. Francis Health Services, Inc.</b>   |  | 2. Date of incorporation / admission<br><b>September 19, 1974</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)<br><b>5454 Hohman Avenue</b> |  |   |  |
| City, state and ZIP code<br><b>Hammond, IN 46320</b>   |  |   |  |
| 4. Assumed business name(s) (\$30.00 per name)<br><b>St. Margaret Mercy Comprehensive Counseling</b>   |  |   |  |
| 5. Principal office address of the Corporation, LLC, LP (street address)<br><b>1515 Dagoon Trail</b>   |  |   |  |
| City, state and ZIP code<br><b>Mishawaka, IN 46544</b>   |  |   |  |
| 6. Signature<br><i>[Signature]</i>   |  | 7. Printed name<br><b>Shawn D. Cox, Attorney for Corporation</b>  |  |
| STATE OF <u>Indiana</u>  |  | SS:   |  |
| COUNTY OF <u>Lake</u>  |  |   |  |
| Subscribed and sworn or attested to before me, this <u>18th</u> day of <u>January</u> , <u>2002</u>  |  |   |  |
| Notary Public<br><b>Laura M. Trznadel</b>  |  | <i>[Signature]</i>  |  |
| My Notarial Commission Expires:<br><b>May 15, 2008</b>   |  | My County of Residence is:<br><b>Lake</b>                         |  |
| This instrument was prepared by:<br><b>Shawn D. Cox, Locke Reynolds Galvin, 5231 Hohman Ave., Hammond, Indiana 46320</b>   |  |   |  |

