



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

State Form 30353 (R10 / 1-02)

State Board of Accounts Approved 2002

2002 040520

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

2002

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

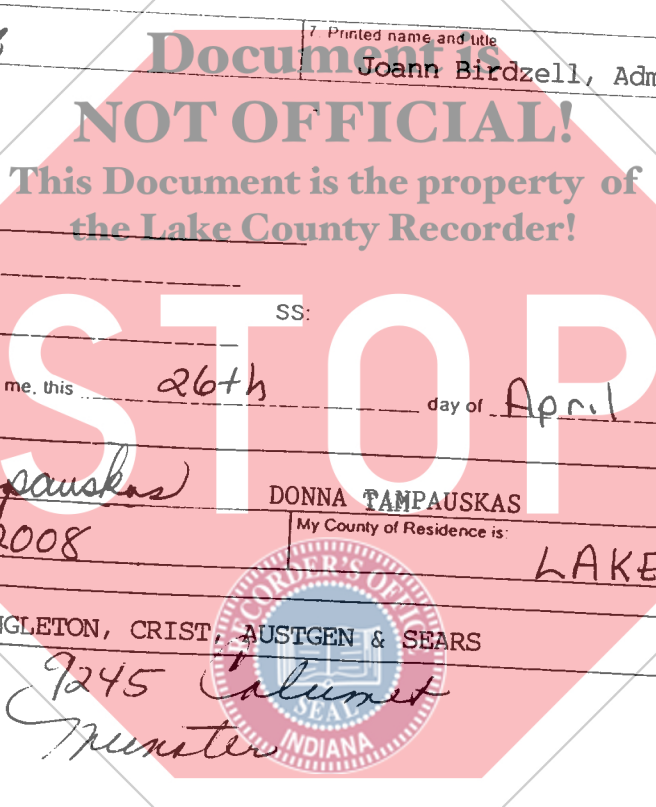
INSTRUCTIONS:

- 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 CERTIFICATE. 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

1. Name of Corporation, LLC or LP ST. CATHERINE HOSPITAL, INC.		2. Date of incorporation / admission / organization 4/22/1988
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) 4321 Fir Street East Chicago, IN 46312		
City, state and ZIP code		
4. Assumed business name(s) HOME HEALTH OF ST. CATHERINE HOSPITAL		
5. Principal office address of the Corporation, LLC, LP (street address) 4321 Fir Street East Chicago, IN 46312		
City, state and ZIP code		
6. Signature of officer or other authorized party <i>Joann Birdzell</i>		7. Printed name and title Joann Birdzell, Administrator



STATE OF Indiana

COUNTY OF Lake SS:

Subscribed and sworn or attested to before me, this 26th day of April, 2002

Notary Public: *Donna Tampauskas*
My Notarial Commission Expires: March 12, 2008
DONNA TAMPAUSKAS
My County of Residence is: LAKE

This instrument was prepared by:
Cheryl A. Froehlich, SINGLETON, CRIST, AUSTGEN & SEARS
*9245 Calumet
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J.A.
23619