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CERTIFICATE OF ASSUMED BUSINESS NAME (All Entities)

State Form 30353 (R11 / 1-03)
State Board of Accounts Approved 2002

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

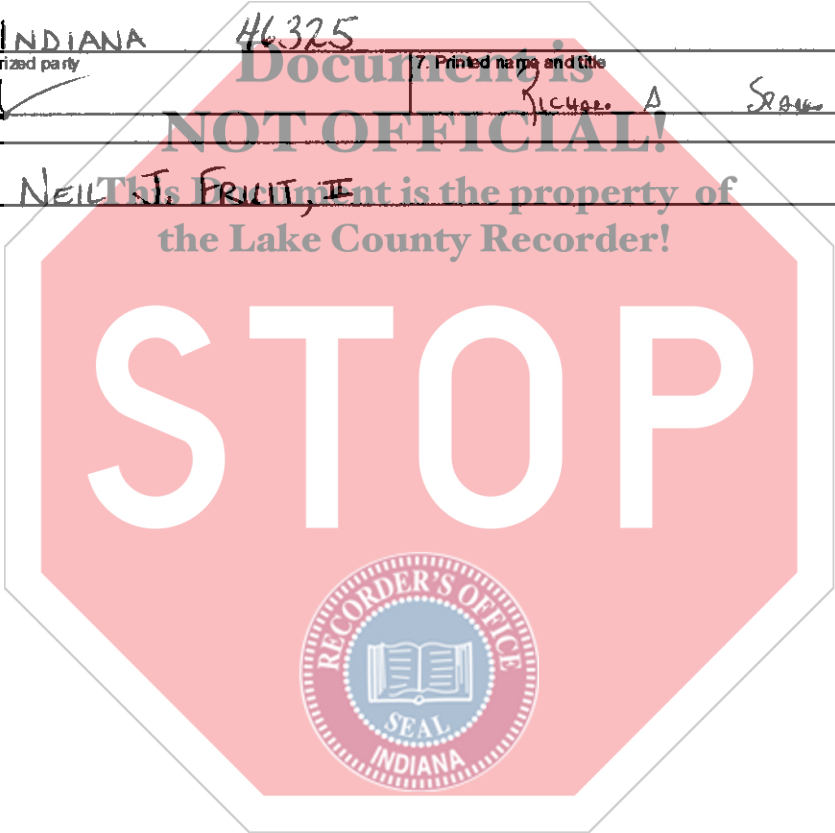
INSTRUCTIONS:

Use an 8 1/2" x 11" sheet of white paper for attachments.
Present original and one (1) copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00
Not-For-Profit Corporation \$26.00

1. Name of entity HYLES-ANDERSON COLLEGE		2. Date of incorporation / admission / organization 9 OCTOBER 1975	
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 8400 BURR STREET			
City, state and ZIP code CROWN POINT, INDIANA 46307			
4. Assumed business name(s) THE NORTHWEST INDIANA SCHOOL OF CHRISTIAN COUNSELING		2006 025276	
5. Principal office address of the entity (street address) 523 SIBLEY STREET			
City, state and ZIP code HAMMOND, INDIANA 46325		7. Printed name and title Richard A. Sibley CFO	
6. Signature of officer or other authorized party <i>[Signature]</i>			
This instrument was prepared by: NEIL FRUIT			



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 MAR 28 AM 10:04
MICHAEL A. BROWN
RECORDER

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LP
CS

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Neil J. Fruit, II
Signature of Declarant

NEIL J. FRUIT, II
Printed Name of Declarant