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State of Indiana  
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of

CEREBRAL PALSY OF NORTHWEST INDIANA INC

I, TODD ROKITA, 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:

CENTER FOR POSSIBILITIES

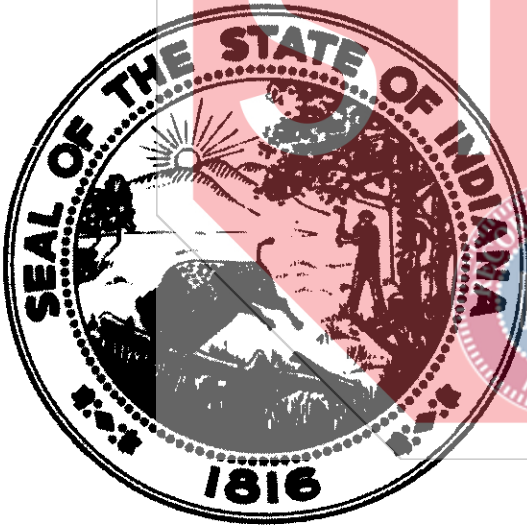
2006 067908

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the Lake County Recorder!

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, July 24, 2006.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 24, 2006.



TODD ROKITA,  
SECRETARY OF STATE

2006 AUG -4 PM 3:05  
MICHAEL BROWN  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

\$14

CK# 99408

194290-172 / 2006072577172

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JUL 24 2006



**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](http://www.sos.in.gov).

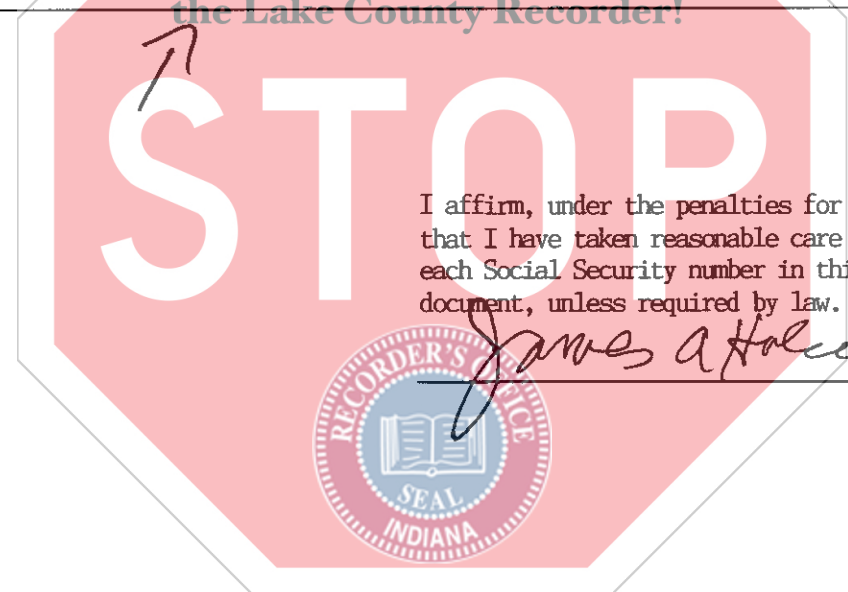
**FILING FEES PER CERTIFICATE:**

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

1. Name of entity <b>CEREBRAL PALSY OF NORTHWEST INDIANA, INC.</b>	2. Date of incorporation / admission / organization <b>3/17/60</b>
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) <b>22 TYLER AVENUE</b>	
City, state and ZIP code <b>HOBART, IN 46342</b>	
4. Assumed business name(s) <b>CENTER FOR POSSIBILITIES</b>	
5. Principal office address of the entity (street address) <b>22 TYLER AVENUE</b>	
City, state and ZIP code <b>HOBART, IN 46342</b>	
6. Signature of officer or other authorized party <i>[Signature]</i>	7. Printed name and title <b>JOHN KMETZ</b>
This instrument was prepared by: <b>JAMES A. HOLCOMB, 300 E. 90TH DRIVE, MERRILLVILLE, IN 46410</b>	

APPROVED  
AND  
FILED  
*[Signature]*  
IND. SECRETARY OF STATE

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I affirm, under the penalties for perjury,  
that I have taken reasonable care to redact  
each Social Security number in this  
document, unless required by law.

*James A Holcomb*