

State of Indiana
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of

SISTERS OF ST. FRANCIS HEALTH SERVICES, 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:

ST. JOHN FAMILY SERVICES

2006 085660

2006 OCT -2 AM 9:19

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER

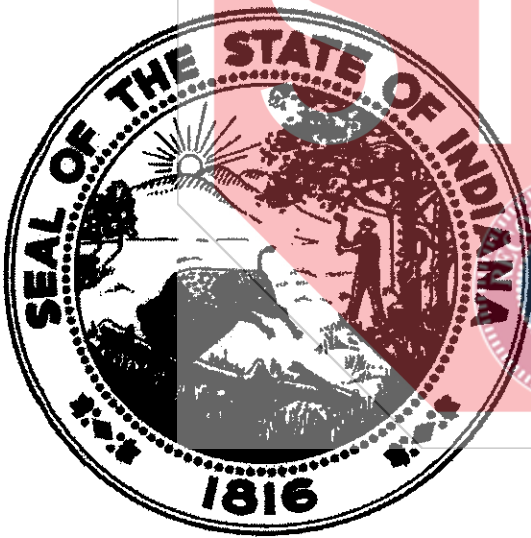
MICHAEL J. ...
RECORDER

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NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, September 20, 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, September 20, 2006.



Todd Rokita

TODD ROKITA,
SECRETARY OF STATE

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