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TODD ROKITA



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

State Form 30353 (R12 / 10-06)
Approved by State Board of Accounts 2002

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-8576

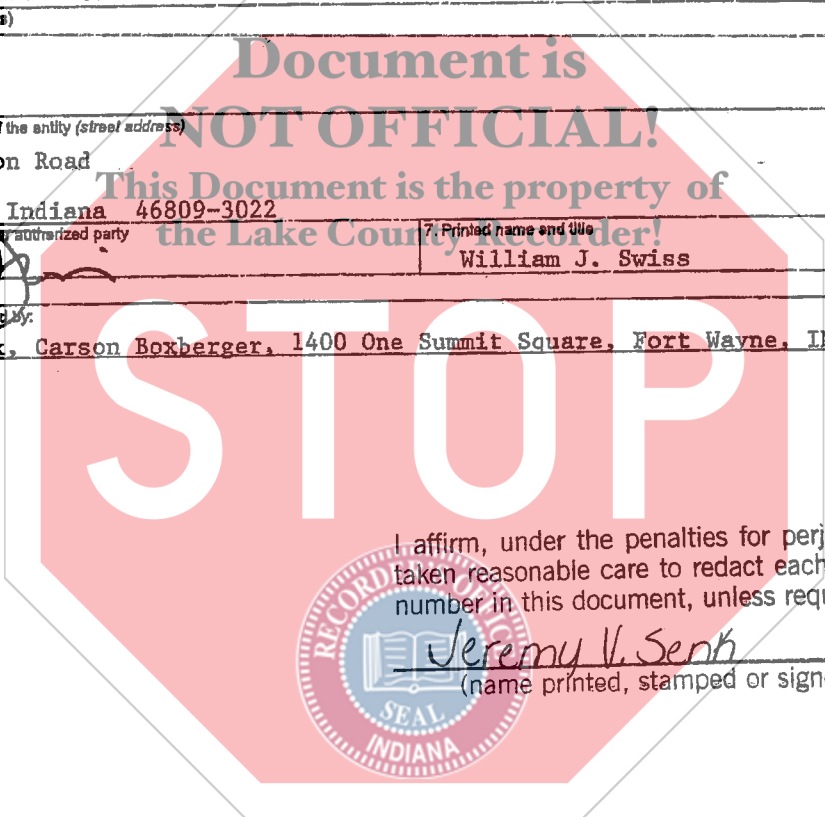
INSTRUCTIONS:

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 Anthony Wayne Rehabilitation Center for Handicapped and Blind, Inc.		2. Date of incorporation / admission / organization January 6, 1960	
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) 426 Center Street Hobart, Indiana 46342-4482			
4. Assumed business name(s) AWRC			
5. Principal office address of the entity (street address) 8515 Bluffton Road Fort Wayne, Indiana 46809-3022			
6. Signature of officer or duly authorized party 		7. Printed name and title William J. Swiss	
This instrument was prepared by: Jeremy V. Senk, Carson Boxberger, 1400 One Summit Square, Fort Wayne, IN 46802			



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.

Jeremy V. Senk
(name printed, stamped or signed w/print)

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