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

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

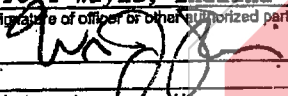
TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

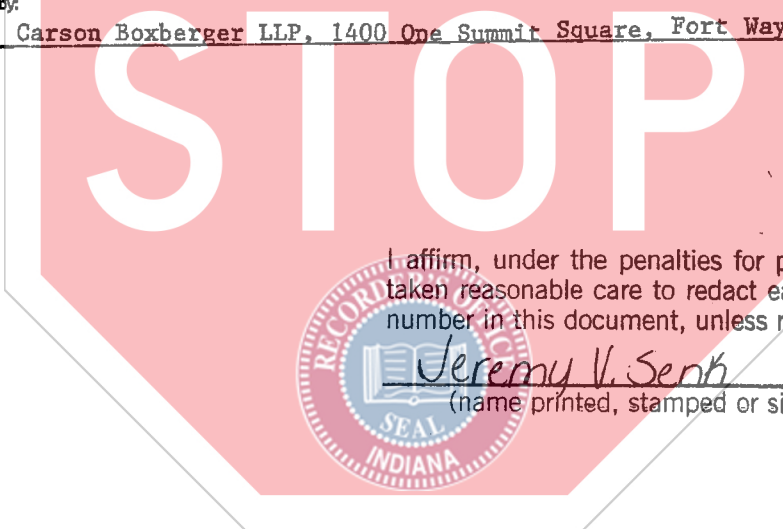
Use an 8 1/2" x 11" sheet of white paper for attachments.
Present original and one (1) copy to address in upper right corner of this form
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE:

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

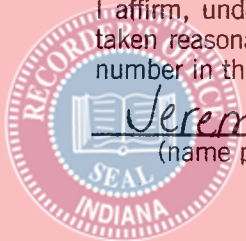
1. Name of entity A.W. Holdings, LLC	2. Date of incorporation / admission / organization November 14, 2006
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 426 Center Street City, state and ZIP code Hobart, Indiana 46342-4482	
4. Assumed business name(s) Anthony Wayne Services, AWS, HomePointe Healthcare, Infant and Toddler Services	
5. Principal office address of the entity (street address) 8515 Bluffton Road City, state and ZIP code Fort Wayne, Indiana 46809-3022	
6. Signature of officer or other authorized party 	7. Printed name and title William J. Swiss, President
This instrument was prepared by: Jeremy V. Senk, Carson Boxberger LLP, 1400 One Summit Square, Fort Wayne, IN 46802	

Document is NOT OFFICIAL!
Document is the property of the Lake County Clerk



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)



\$11

CK# 112853
CA