

2007 096348

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 DEC 10 AM 8:49

MICHAEL A. BROWN
RECORDER



**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

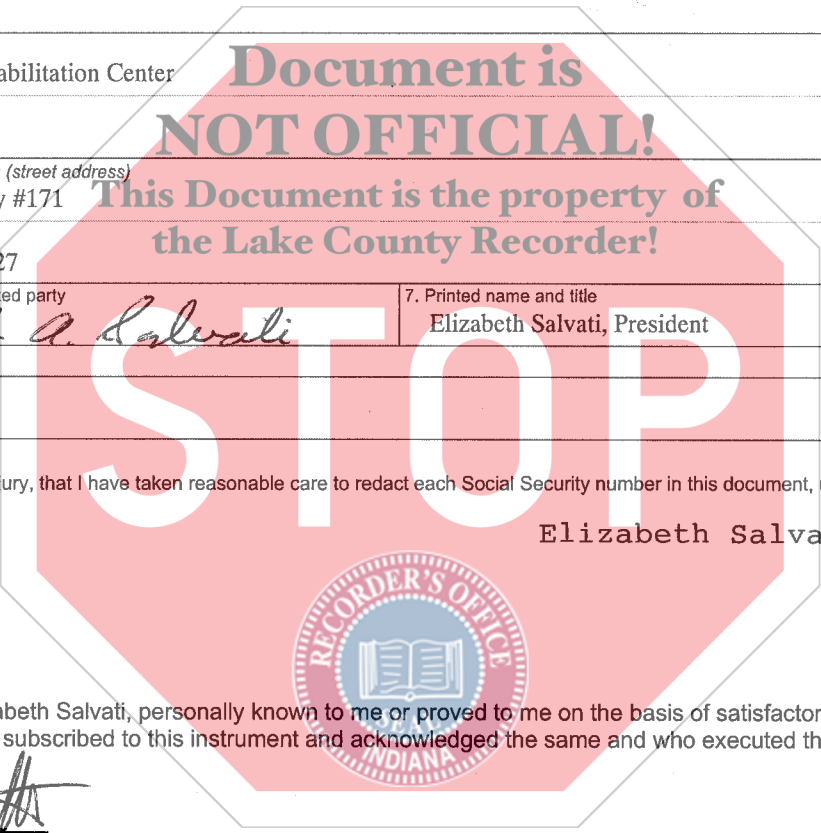
INSTRUCTIONS:

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 FAL-Highland, Inc. | | 2. Date of incorporation / admission / organization 01/12/2006 | |
| 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 (<i>street address</i>) 9630 5th Street | | | |
| City, state and ZIP code Highland, IN 46322-2949 | | | |
| 4. Assumed business name(s) Highland Nursing and Rehabilitation Center | | | |
| 5. Principal office address of the entity (<i>street address</i>) 5875 Castle Creek Parkway #171 | | | |
| City, state and ZIP code Indianapolis, IN 46250-4327 | | | |
| 6. Signature of officer or other authorized party <i>Elizabeth A. Salvati</i> | | 7. Printed name and title Elizabeth Salvati, President | |
| This instrument was prepared by: David Witt | | | |



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.

Elizabeth Salvati

State of New York)
) ss:
County of New York)

On November 27, 2007, Elizabeth Salvati, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this instrument and acknowledged the same and who executed the foregoing.

David Witt

DAVID WITT
Notary Public - State of New York
NO. 01W16064809
Qualified in New York County
My Commission Expires 10/1/09



11-
#52669
SH