







## 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:** 

FILING FEED FEIT OF STREET FOR Profit Corporation, Limited Liability

For-Profit Corporation, Limited Liability

\$30.00 Company, Limited Partnership

Not-For-Profit Corporation

\$26.00

2. Date of incorporation / admission / organization 1. Name of entity August 6, 2002 Hoosier Enterprises VII, Inc. 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) 9455 Delegates Row City, state and ZIP code Indianapolis, Indiana 46240 4. Assumed business name(s) Document is Lowell Healthcare Center 5. Principal office address of the entity (street address)

This Document is the property of City, state and ZIP code the Lake County Recorder! Indianapolis, IN 46240 6. Signature of officer or o Printed name and title Stuart B. Reed, President

This instrument was prepared by:

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Mark A. Bailey, Stark Doninger & Smith LLP, 50 South Meridian Street, Suite 700, Indianapolis, IN 46204-3542; 317-638-2400



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