STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 058192

2019 AUG 25 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

Not-For-Profit Corporation

\$30.00 \$26.00

1. Name of entity TRINITY HEALTHCARE, INC.	Date of incorporation / admission / organization     JANUARY 18, 2008
Address at which the entitiy will do business or have an office in Indiana. If no 1150 EASTPORT CENTRE DR., SUITE C-1	o office in Indiana, then state current registered address (street address)
City, state and ZIP code VALPARAISO, IN 46383-8427	
4. Assumed business name(s) TRINITY HOMECARE	cument is
NOT	OFFICIAL!
5. Principal office address of the entity (street address) his Docum 114 E. 10TH ST.	nent is the property of County Recorder!
City, state and ZIP code ROCHESTER, IN 46975	
6. Signature of officer or other authorized party	7. Printed name and title

This instrument was prepared by:

TORY PRASCO, BURKE COSTANZA & CUPPY LLP, 9191 BROADWAY, MERRILLVILLE, IN 46410

STATE OF INDIANA )

COUNTY OF LAGO

"I affirm, und: the pensities for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law."

D. HOLDHAND

Before me the undersigned, a Notary Public for LAKE County, State of Indiana, personally appeared Kenneth L. Fabugais, President of Trinity Healthcare, Inc., and acknowledged the execution of this instrument this 12 day of August, 2009.

My Commission Expires:  $\frac{2}{127}\frac{1}{2016}$ 

County of Residence: / A/4

(Printed Name)

- A H. MACO, Notary Public

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