

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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2010 DEC -2 AM 10:05

MIC  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

**CERTIFICATE OF ASSUMED BUSINESS NAME**

THIS IS TO CERTIFY that the undersigned, THE METHODIST HOSPITALS, INC., an Indiana nonprofit corporation, with its principal office at 600 Grant Street, Gary, Indiana 46402, is engaged in the business of providing health care services at 600 Grant Street, Gary, Indiana, and 8701 Broadway, Merrillville, Indiana, under the name of METHODIST SURGICAL SERVICES.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Assumed Business Name this 22<sup>nd</sup> day of November, 2010.

THE METHODIST HOSPITALS, INC.

By: *Ian E. McFadden*  
Ian E. McFadden  
President and CEO

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public, in and for said County and State this 22<sup>nd</sup> day of November, 2010, personally appeared Ian E. McFadden, who, as such President and CEO for and on behalf of said Corporation, acknowledged the execution of the above and foregoing Certificate of Assumed Business Name and affirmed that the statements therein contained are true.

WITNESS my hand and official seal.

*Earle F. Hites*  
Earle F. Hites, Notary Public  
A Resident of Porter County

My Commission Expires:  
November 12, 2016

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.

*Earle F. Hites*  
Earle F. Hites

This Instrument Prepared By: Earle F. Hites, Attorney at Law, Hodges & Davis, PC  
8700 Broadway, Merrillville, IN 46410

70803.1

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AMOUNT \$ 11<sup>00</sup>  
CASH \_\_\_\_\_  
CHECK # 16682  
OVERAGE 2<sup>00</sup>  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK BB

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