

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

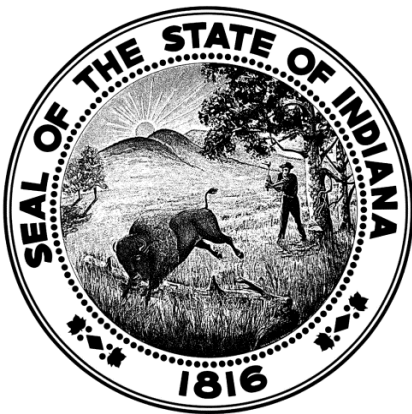
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ADULT AND CHILD MENTAL HEALTH CENTER INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 06, 1982, and was in existence or authorized to transact business in the State of Indiana on June 15, 2017.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 15, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

198205-126 / 2017333501

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>