DOC ID ----> 200108801662

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/29/2001	200108801662	FICTITIOUS NAME/ORIGINAL FILING (NFO)	10.00	10.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

PICKREL SCHAEFFER AND EBELING
TERESA M CUNDIFF
40 N MAIN ST
DAYTON, OH 45423-2700

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1218840

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BSI

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
FICTITIOUS NAME/ORIGINAL FILING	**200108801662**

Expiration Date: 03/26/2006

BARRY STAFFING, INC.
2275 APPLE BLOSSOM DR
MIAMISBURG, OH 45342

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of March, A.D. 2001.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200108801662

Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Forms Inventory List** (using the 3 digit form # located at the bottom of this form). To obtain the **Forms Inventory List** or for assistance, please call Customer Service:
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form ☑ Yes

RECEIVED
MAR 2 6 2001
J. KENNETH BLACKWELL
SECRETARY OF STATE

REPORT OF USE OF FICTITIOUS NAME

1. The exact fictitious name being reported is: BSI
(SEE INSTRUCTIONS # 1)

Please note that the filing of a fictitious name report is NOT an AUTHORIZATION from the Secretary of State's Office to use the name. Filing such a report will not protect the user from any lawful claims of persons/entities having superior rights in the same or a similar name.

2. The applicant is: (check appropriate box)
- ☐ an individual
- ☐ a General Partnership
- ☐ a Limited Partnership; County in OHIO where certificate or application of limited partnership is filed is _____
- ☐ an Ohio Limited Liability Company, registration no. _____
- ☑ an Ohio corporation, charter no. _____
- ☐ a foreign corporation incorporated in the state of _____ holding Ohio license no. _____
- ☐ an unincorporated association
- ☐ a foreign limited liability company organized in the state of _____ holding Ohio license no. _____

3. The name of the applicant designated in item 2 is Barry Staffing, Inc.
NOTE: When the applicant is a partnership, the name of the partnership must appear on this line.

4. The business address of the user is:
2275 Apple Blossom Dr. (street address)
Miamisburg (city, township, or village) Montgomery (county) Ohio (state) 45342 (zip code)
NOTE: P.O. Box addresses are not acceptable.

5. Complete only if applicant is a partnership:

NAMES OF ALL GENERAL PARTNERS	COMPLETE RESIDENCE ADDRESSES (including zip code)

6. The nature of business conducted by the user under the fictitious name is
own, operate a temp-to-hire and professional office placement agency

This document is signed by the user or an Authorized Representative of the user.

Signed D. L. B.
Name: Douglas Barry, President