DOC ID ----> 200515302340

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/03/2005	200515302340	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

MK DIVERSIFIED LTD.
405 CLEVELAND ST.
ELYRIA, OH 44035

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1183904

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

MK STAFFING

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**200515302340**

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 2nd day of June, A.D. 2005.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200515302340

J. Kenneth Blackwell, Secretary of State
30 East Broad Street
Lower Level
Columbus, Ohio 43215

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1183904**

2. The trade name to be renewed is:
MK STAFFING

2005 JUN -2 PM 2:33

3. The date of original registration is: **September 13, 2000**

4. The applicant is: (check appropiate item)
   - ___ an individual
   - ___ an Ohio corporation, Charter Number: _____
   - ___ a foreign corporation, incorporated in the state of: _____
   - ___ a General Partnership
   - _✓_ a Limited Liability Company
   - ___ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed: _____
   - ___ a Professional association
   - ___ an association
   - ___ a Society, Foundation, Federation or other organization

5. The name of the applicant designated in item 4 is:

MK Diversified, LTD
(Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:

405 Cleveland ST.
(Street address only, P.O. Box not acceptable)

Elyria, ~~OH~~ Lorain, OH, 44035 → (44035)
(City, Village or Township) (County) (State) (Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners	Complete Residence Address

This document is signed by a corporate officer, general partner, association member or officer, or the individual appplicant.

By: _____