



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/12/2006	200601201738	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

BUECHNER HAFFER O'CONNELL MEYERS & HEALEY CO LPA
105 EAST FOURTH ST, STE 300
CINCINNATI, OH 45202-4057

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1592440**

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

TRUSTAFF

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 03/06/2002

Expiration Date: 01/05/2011

Document No(s):

200601201738

TRUSTAFF TRAVEL NURSES, LLC
7767 MONTGOMERY RD, STE 200
CINCINNATI, OH 45202



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 5th day of January, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ Yes

PO Box 1390

Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No

PO Box 670

Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Non-Profit)

Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Trade Name (167-RNO) Date of first use <u>3/6/2002</u> MM/DD/YYYY	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No. _____
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Trustaff

The Registrant is (Check Appropriate Box)

☐ Individual☐ Limited Partnership: Reg. No. _____☒ Ohio Limited Liability Co., Reg. No. 1566390☐ Ohio Corporation, Charter No. _____☐ General Partnership☐ Other _____☐ Foreign Corporation incorporated in the state of _____

holding Ohio license no. _____

☐ Unincorporated Association☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____

organized in the state of _____

The name of the registrant designated above is

Trustaff Travel Nurses, LLC

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

7767 Montgomery Road, Suite 200

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati

(City)

Hamilton

(County)

Ohio

(State)

45202

(Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

N/A

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Employment of nurses for contract hire in hospitals.

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

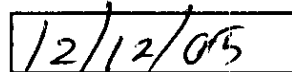
(City, State and Zip Code)

REQUIRED

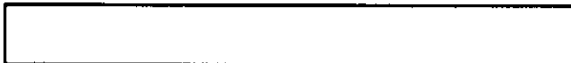
Must be authenticated (signed)
by an authorized representative
(See Instructions)



Authorized Representative



Date



Authorized Representative



Date



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)

Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

☒ Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of ☐ Trade Name ☐ Service Mark ☐ Trade Mark (149-CSN)	Where consenting entity is a ☐ Limited Liability Company ☐ Limited Partnership ☐ Partnership Having Limited Liability (148-CSL)
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☐ Check here if additional provisions are attached

Charter or Registration No.
of Entity Giving Consent

1304280

Name of Entity
Giving Consent

Trustaff, Inc.

Gives Its Consent To

Trustaff Travel Nurses, LLC

To Use The Name

Trustaff

REQUIRED

Must be authenticated
(signed) by an authorized
representative


Authorized Representative

12-06
Date

Authorized Representative

Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.