



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/05/2010	201027700936	TRADE NAME RENEWAL (RNR)	25.00	.00		.00	.00

Receipt

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

BUECHNER, HAFFER, MEYERS & KOENIG CO., LPA
300 FOURTH & WALNUT CENTRE
105 EAST FOURTH STREET
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**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 RENEWAL

Document No(s):

201027700936

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 1st day of October, A.D.
2010.

Ohio Secretary of State



Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1592440**

2. The trade name to be renewed is:
TRUSTAFF

RECEIVED

3. The date of original registration is: **January 5, 2006**

OCT 01 2010

4. The applicant is: (check appropriate item)

SECRETARY OF STATE

- ☐ 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:

Trustaff Travel Nurses, LLC

(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:

4270 Glendale Milford Road

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

Cincinnati

(City, Village or Township)

Hamilton

(County)

Ohio

(State)

45242

(Zip Code)

7. Complete only if applicant is a partnership: **NA**

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 applicant.

By: _____