



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/20/2011	201113900591	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

JOB 1 USA
GLASS CENTER
701 JEFFERSON AVE.
TOLEDO, OH 43624

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2021998**

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

RUMPF HOME CARE

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING**201113900591**

Date of First Use: 05/01/2011
Expiration Date: 05/19/2016

THE RUMPF CORPORATION - MED
PO BOX 1480
TOLEDO, OH 43603



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 19th day of May, A.D.
2011.

Ohio Secretary of State



Form 534A Prescribed by the:
Ohio Secretary of State

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216

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

☒ Non Expedite PO Box 670
Columbus, OH 43216

NAME REGISTRATION

Filing Fee \$50

RECEIVED

MAY 19 2011

(CHECK ONLY ONE (1) BOX)

☒ Trade Name (167-RNO) Date of first use: <u>05/01/2011</u>	☐ Fictitious Name (169-NFO)
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SECRETARY OF STATE

Name being registered or reported: Rumpf Home Care
Name of the Registrant: THE RUMPF CORPORATION - MED

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

- | | |
|---|---|
| ☐ Individual | ☐ Unincorporated Association |
| ☐ Partnership
Registration #, if any _____ | ☐ Professional Association |
| ☐ Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____ | ☐ Other |
| ☐ Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____ | |
| ☐ Limited Liability Company
Registration # _____
If foreign, Jurisdiction of Formation _____ | |
| ☒ Ohio Corporation
Charter # <u>723573</u> | |
| ☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____ | |

All registrants must complete the information in this section

Business address:

PO Box 1480

Mailing Address

Toledo

OH

43603

City

State

Zip Code

The general nature of the business conducted by the registrant:

Home Health Care

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name

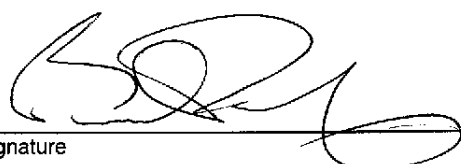
Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign 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 provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Must be authenticated
(signed) by the registrant or
an authorized
representative



Signature

Bruce F. Rumpf

Print Name

05/13/2011

Date

Signature

Date

Print Name