DOC ID ----> 201234100786

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/07/2012	201234100786	FICTITIOUS NAME REGISTRATION (NFO)	50.00	.00		.00	.00

Receipt

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

THMK INCORPORATED
BRIAN CARPENTER
9205 COTSWOLD
PICKERINGTON, OH 43147

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2156010

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

EXPRESS EMPLOYMENT PROFESSIONALS

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

Document(s)

FICTITIOUS NAME REGISTRATION

Expiration Date: 12/05/2017

Document No(s):

201234100786

THKM INCORPORATED
9205 COTSWOLD DR
PICKERINGTON, OH 43147

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 December, A.D. 2012.

Jon Husted

Ohio Secretary of State

Form 534A Prescribed by:
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing **(Two-business day processing time requires an additional $100.00).**
P.O. Box 1390
Columbus, OH 43216

Name Registration
Filing Fee: $50

CHECK ONLY ONE (1) Box

☐ Trade Name
(167-RNO)

Date of first use: _____
MM/DD/YYYY

☒ Fictitious Name
(169-NFO)

Express Employment Professionals
Name being Registered or Reported

THKM Incoporated
Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

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

☐ **Individual**

☐ **General Partnership**
Registration #, if any _____

☐ **Limited Partnership**
Registration # _____
If Foreign, Jurisdiction of Formation _____

☐ **Limited Liability Partnership**
Registration # _____
If Foreign, Jurisdiction of Formation _____

☐ **Limited Liability Company**
Registration # _____
If Foreign, Jurisdiction of Formation _____

☒ **Ohio Corporation**
Charter # 2146006

☐ **Foreign Corporation**
Ohio license # _____
Jurisdiction of Formation _____

☐ **Unincorporated Association**

☐ **Professional Association**
Charter # _____

☐ **Other**

2012 FEB -3 AM 9:52

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Staffing

Business address:

9205 Cotswold Dr
Mailing Address

Pickerington	ohio	43147
City	State	Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

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

Name	Address
Brian Carpenter	9205 Cotswold Dr., Pickerington Ohio 43147

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company 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
Application must be signed by the registrant or an authorized representative.

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Brian Carpenter
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.