DOC ID ----> 201304601044

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/19/2013	201304601044	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

CHORPENNING GOOD & PANDORA CO LPA
605 S FRONT ST
STE 210
COLUMBUS, OH 43215-5836

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2174635

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

BUSINESS AGAINST SUBSTANCE ABUSE COALITION

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

Document(s):
TRADE NAME/ORIGINAL FILING

Document No(s):
201304601044

Effective Date: 02/15/2013

Date of First Use: 10/11/1991
Expiration Date: 02/15/2018

COMPDRUG
547 EAST 11TH AVENUE
COLUMBUS, OH 43211

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 February, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201304601044

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

2013 FEB 15 PM 1:47

CHECK ONLY ONE (1) Box

[X] Trade Name
(167-RNO)

Date of first use: 10/11/1991
MM/DD/YYYY

[ ] Fictitious Name
(169-NFO)

Business Against Substance Abuse Coalition
Name being Registered or Reported

CompDrug
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

[X] **Ohio Corporation**
Charter # 606211

[ ] **Foreign Corporation**
Ohio license #
Jurisdiction of Formation

[ ] **Unincorporated Association**

[ ] **Professional Association**
Charter #

[ ] **Sole Proprietor**

[ ] **Other**

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All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Various substance abuse programs and services, including drug testing,

drug education and drug counseling.

Business address:

547 East 11th Avenue, Columbus

Mailing Address

Columbus	Ohio	43211
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

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

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

ceo

By (if applicable)

A. Dustin Metz

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.