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03/06/2014	201406401808	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

PASTORAL COUNSELING SERVICE
282 W. BOWERY STREET
AKRON, OH 44307

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2274354**

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

PASTORAL COUNSELING SERVICE OF SUMMIT COUNTY, D.B.A. PCS

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

Document(s)

TRADE NAME/ORIGINAL FILING

Document No(s):

201406401808**Effective Date: 03/03/2014**

Date of First Use: 08/01/2013
Expiration Date: 03/03/2019

PASTORAL COUNSELING SERVICE OF
SUMMIT COUNTY
282 WEST BOWERY STREET
AKRON, OH 44307



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 6th day of March, A.D.
2014.

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
RECEIVED**Name Registration****Filing Fee: \$50**

MAR 03 2014

CHECK ONLY ONE (1) Box

☒ Trade Name
 (167-RNO)

Date of first use: 08/01/2013

MM/DD/YYYY

☐ Fictitious Name
 (169-NFO)
SECRETARY OF STATE

Pastoral Counseling Service of Summit County, d.b.a. PCS

Name being Registered or Reported

Pastoral Counseling Service of Summit County

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.

Registrant's Entity Number (if registered with Ohio Secretary of State): 551145

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Providing professional therapeutic services for disadvantaged children, youth and families

Business address:

282 West Bowery Street

Mailing Address

Akron

City

Ohio

State

44307

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

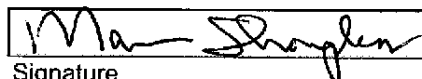
Address

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.

By (if applicable)

Marvin Sharpless, Senior Vice President

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.