DOC ID ----> 201532002958

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/17/2015	201532002958	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00	0.00

Receipt

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

BENSON & SESSER, LLC
STEPHEN K. SESSER, ESQ.
36 SOUTH PAINT STREET
CHILLICOTHE, OH 45601

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2446186

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

ESOURCE

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

Document(s)

TRADE NAME REGISTRATION

Document No(s):

201532002958

Effective Date: 11/13/2015

Date of First Use: 04/15/2015

Expiration Date: 11/13/2020

STAFF SOURCE, INC.
29 NORTH PAINT STREET
CHILLICOTHE, OH 45601

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 17th day of November, A.D. 2015.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201532002958

Form 534A Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

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

2015 NOV 13 PM 1:58

Name Registration

Filing Fee: $39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use: 04/15/2015
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

eSource
Name being Registered or Reported

Staff Source, Inc.
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): 2384484

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Staffing agency

Business address:

29 North Paint Street
Mailing Address

Chillicothe
City

Ohio
State

45601
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:

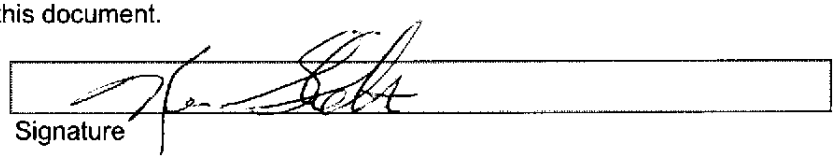
Name	Address

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.

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



Signature

By (if applicable)

Ken Shelton

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.