DOC ID ----> 201627301784

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/29/2016	201627301784	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00	0.00

Receipt

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

NSI
MARINA REEL
145 BAKER STREET
MARION, OH 43302

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

3945562

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

RX RELIEF

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

Document(s)

FICTITIOUS NAME REGISTRATION

Document No(s):

201627301784

Effective Date: 09/28/2016

PRIDESTAFF, INC
7535 N. PALM AVENUE, SUITE 101
FRESNO, CA 93711

Expiration Date: 09/28/2021

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 29th day of September, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201627301784

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
bussery@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

Name Registration

Filing Fee: $39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☐ Trade Name
(167-RNO)

Date of first use: ☐ MM/DD/YYYY

☒ Fictitious Name
(169-NFO)

RX Relief
Name being Registered or Reported

PrideStaff, 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): **1841175**

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Temporary Staffing

Business address:

7535 N. Palm Avenue, Suite 101
Mailing Address

Fresno	**CA**	**93711**
City	State	Zip Code

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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

PrideStaff, Inc.
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.

Michael D. Aprile, CFO, Secretary/Treasurer
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.