DOC ID ----> 201709602344

DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
04/07/2017	201709602344	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.

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY
SUITE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
4014693

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

COVEDALE TREATMENT SERVICES

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

Document(s)	Document No(s):
FICTITIOUS NAME REGISTRATION	**201709602344**

Effective Date: 04/06/2017

PINNACLE TREATMENT CENTERS OH-VI, LLC
1317 ROUTE 73 NORTH, SUITE 200
MT. LAUREL, NJ 08054

Expiration Date: 04/06/2022

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 7th day of April, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201709602344

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

Date Electronically Filed: 4/6/2017

Name Registration

Filing Fee: $39

CHECK ONLY ONE (1) Box

☐ Trade Name (167-RNO) Date of first use: _____ MM/DD/YYYY

☑ Fictitious Name (169-NFO)

COVEDALE TREATMENT SERVICES
Name being Registered or Reported

PINNACLE TREATMENT CENTERS OH-VI, LLC
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): 4013871

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Addiction treatment and recovery services

Business address:

1317 ROUTE 73 NORTH, SUITE 200
Mailing Address

MT. LAUREL
City

NJ
State

08054
ZIP Code

DOC ID ----> 201709602344

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.

SCOTT COHEN
Signature

By (if applicable)

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.

DOC ID ----> 201709602344

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

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)

Covedale Treatment Services
Name being Registered or Reported

Pinnacle Treatment Centers OH-VI, LLC
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): 4013871

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Addiction treatment and recovery services

Business address:

1317 Route 73 North, Suite 200
Mailing Address

Mt. Laurel
City

New Jersey
State

08054
Zip Code

DOC ID ----> 201709602344

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)

Scott Cole

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.