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06/26/2017	201717701876	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.

UNISEARCH INC.
3958-D BROWN PARK DR
HILLIARD, OH 43026

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4043372

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

EAST LIVERPOOL HOME HEALTH

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

Document(s)

FICTITIOUS NAME REGISTRATION

Effective Date: 06/23/2017

Document No(s):

201717701876

Expiration Date: 06/23/2022

THE OHIO VALLEY HOME HEALTH SERVICES, INC.
425 WEST 5TH STREET
EAST LIVERPOOL, OH 43920



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
26th day of June, A.D. 2017.

Jon Husted
Ohio Secretary of State

Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 488-3910
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 1380
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)

East Liverpool Home Health

Name being Registered or Reported

The Ohio Valley Home Health Services, 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): 363655

2017 JUN 23 PM 3:46
CLERK SERVICE CENTER
RECEIVED

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Medical - Home Health Care Services

Business address:

425 West 5th Street

Mailing Address

East Liverpool

City

OH

State

43920

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

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 Heather, CFO

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.