DOC ID ----> 202220201032

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/21/2022	202220201032	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

HOCKING COUNTY BEHAVIORAL HEALTHCARE SERVICES
PO BOX 724
ATHENS, OH, 45701

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

471173

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

HEALTH RECOVERY SERVICES, INC.

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

Document(s)	Document No(s):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE	**202220201032**

Effective Date: 07/21/2022

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 21st day of July, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202220201032

Form 522 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 7/21/2022

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Statement of Continued Existence
Filing Fee: $25
Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) ☉ Statement of Continued Existence (163-CCE) (Domestic Nonprofit Corporation)

(2) ☐ Verification of Foreign Nonprofit (173-FCE) (Foreign Nonprofit Corporation)

By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges

Name of Corporation: HEALTH RECOVERY SERVICES, INC.

Charter or License Number: 471173

Complete the information in this section if box (1) is checked

Location of Principal Office: ATHENS (City) ATHENS (County)

Date of Incorporation: 09/09/1975 (Date)

Complete the information in this section if box (2) is checked

Date of Qualification in Ohio: (Date)

Jurisdiction of Formation: (Jurisdiction)

Address of Principal Office: (Mailing Address)

(City) (State) (Zip Code)

All Corporations must complete this section

Current Statutory Agent's Name and Address

ELLEN C MARTIN
Name of Agent

POB 724
Mailing Address

ATHENS
City

OH
State

45701
Zip Code

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

The statement must be signed by a director, officer, or three members in good standing.

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

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.

HEALTH RECOVERY SERVICES, INC.
Signature

PAUL J SWAIM
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name