

OHIO SECRETARY OF STATE
PROCESSING STATEMENT
10/13/93

CHARTER NUMBER: FN063659
ROLL AND FRAME: H701-1935

H0701-1935

CORPORATION:

DOCUMENT NUMBER

CODE

FEE

KIDS HELPING KIDS

93100106102

NFO

10.00

031207

RETURN TO: FROST & JACOBS
ATTN J C KRUG
P O BOX 5715
CINCINNATI OH 45201-5715

0022

H0701-1936



The State of Ohio

Bob Taft

Secretary of State

FN 63659

Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous

Filings; that said records show the filing and recording of: NFO

of:

KIDS HELPING KIDS

REGISTRANT: TRI-STATE DRUG ETC.
ADDRESS: 6074 BRANCH HL GUINEA PK
MILFORD OH 45150

STATE OF INCORP: KY

EXPIRATION DATE: 09/21/1998

United States of America
State of Ohio
Office of the Secretary of State

Recorded on Roll H701 at Frame 1937 of
the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at

Columbus, Ohio, this 21ST day of SEP ,

A.D. 19 93 .



Bob Taft
Bob Taft
Secretary of State



Prescribed by
Bob Taft, Secretary of State
30 East Broad St., 14th Floor
Columbus, Ohio 43266-0418
Form NFO (September 1992)

Approved OK
Date 9-21-95
Fee \$10.00

H0701-1935
REPORT OF USE OF FICTITIOUS NAME

1. The exact fictitious name being reported is: Kids Helping Kids

(SEE INSTRUCTION # 1 ON REVERSE)

2. The user of the above name is: (check appropriate box)
- ☐ an individual
- ☐ a General Partnership
- ☐ a Limited Partnership; County in Ohio where certificate or application of limited partnership is filed is _____
- ☐ an Ohio corporation, charter no. _____
- ☒ a foreign corporation incorporated in the state of Kentucky holding Ohio license no. 571084
- ☐ an unincorporated association
- (NOTE: Ohio has no provision for limited liability companies; if user is a limited liability company, please check this box.)

3. The name of the user designated in item 2 is: Tri-State Drug Rehabilitation and Counseling Program, Inc.

NOTE: Where the user is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such foreign corporation must appear on this line.

4. The business address of the user is: 6074 Branch Hill-Guinea Pk
Hilford Clermont County, Ohio 45150
(City, Village or Township) (Street address) (State) (Zip Code)

NOTE: P.O. Box addresses are not acceptable.

5. Complete only if user is a partnership:

NAMES OF ALL GENERAL PARTNERS

COMPLETE RESIDENCE ADDRESSES

(NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and the actual corporate title of such general partner.)

6. The nature of business conducted by the user under the fictitious name is:

adolescent alcohol and drug abuse treatment program

This document is signed by a corporate officer, general partner, or association member or officer, or the individual applicant.

By: Daniel J. Castellani
Title: President

TRI-STATE DRUG REHABILITATION AND COUNSELING PROGRAM, INC.