



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/16/2005	200504700484	TRADE NAME/ORIGINAL FILING (RNO)	50.00	100.00	.00	.00	.00

Receipt

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

TODD M. KOLARIK
3490 RIDGEWOOD RD.
FAIRLAWN, OH 44333

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1519139**

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

A CHILD'S WAITING

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/01/2000
Expiration Date: 02/16/2010

Document No(s):

200504700484

A CHILD'S WAITING FOSTER CARE
AND ADOPTION PROGRAM, L.L.C.
3490 RIDGEWOOD RD.
AKRON, OH 44333



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 16th day of February,
A.D. 2005.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ Yes ☐ No

PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

PO Box 670
Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Non-Profit)
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Trade Name (167-RNO) Date of first use <u>January 1, 2000</u> MM/DD/YYYY	(2) <input type="checkbox"/> Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No. _____
--	--	--

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

A Child's Waiting

The Registrant is (Check Appropriate Box)

<input type="checkbox"/> Individual <input type="checkbox"/> Limited Partnership: Reg. No. _____ <input checked="" type="checkbox"/> Ohio Limited Liability Co., Reg. No. <u>1146655</u> <input type="checkbox"/> Ohio Corporation, Charter No. _____ <input type="checkbox"/> General Partnership <input type="checkbox"/> Other _____	<input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____ <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____
--	---

The name of the registrant designated above is

A Child's Waiting Foster Care and Adoption Program, L.L.C.

NOTE: Where the registrant 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 corporation must appear on this line.

The business address of the registrant is

3490 Ridgewood Road

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Akron

(City)

Summit

(County)

Ohio

(State)

44333

(Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

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 actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Adoption services including taking permanent custody of children and licensing families for adoption

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

Craig Kolard
Authorized Representative

2/15/05
Date

Authorized Representative

Date