



| DATE:      | DOCUMENT ID  | DESCRIPTION                      | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|----------------------------------|--------|-------|---------|------|------|
| 04/13/2006 | 200610202524 | TRADE NAME/ORIGINAL FILING (RNO) | 50.00  | .00   | .00     | .00  | .00  |

**Receipt**

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

CALHOUN, KADEMENOS, HEICHEL & CHILDRESS CO., L.P.A.  
 6 WEST THIRD STREET  
 SUITE 200 PO BOX 268  
 MANSFIELD, OH 44901

**STATE OF OHIO**  
**CERTIFICATE**  
 Ohio Secretary of State, J. Kenneth Blackwell

1615480

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

**GET WELL CENTER**

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

Document(s)

**TRADE NAME/ORIGINAL FILING**

Date of First Use: 12/01/1996  
 Expiration Date: 04/12/2011

Document No(s):

**200610202524**

YOUNG IN, INC.  
 635 S TRIMBLE ROAD  
 MANSFIELD, OH 44906



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 12th day of April, A.D.  
 2006.

*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)

**Mail Form to one of the Following:**

- Yes PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*
- No PO Box 670  
Columbus, OH 43216

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

2006 APR 12 PM 1:26

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

|   |  |  |
|---|--|--|
| <b>(1)</b> <input checked="" type="checkbox"/> Trade Name<br>(167-RNO)<br>Date of first use <u>12/01/1996</u><br>MM/DD/YYYY | <b>(2)</b> <input type="checkbox"/> Fictitious Name<br>(169-NFO) | <b>(3)</b> Name Reservation<br>(160-NRO)<br><input type="checkbox"/> Original<br><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 Get Well Center

**The Registrant is (Check Appropriate Box)**

|  |  |
|--|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____     |
| <input type="checkbox"/> Limited Partnership: Reg. No. _____                     | <input type="checkbox"/> Unincorporated Association  |
| <input type="checkbox"/> Ohio Limited Liability Co., Reg. No. _____              | <input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____ |
| <input checked="" type="checkbox"/> Ohio Corporation, Charter No. <u>1059953</u> |  |
| <input type="checkbox"/> General Partnership                                     |  |
| <input type="checkbox"/> Other _____   |  |

The name of the registrant designated above is Young In, Inc.

**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 635 S Trimble Road  
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Mansfield Richland Ohio 44906  
(City) (County) (State) (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)**

N/A

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)

Medical Center

**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)



Authorized Representative

Authorized Representative

3/29/06

Date

Date