

DATE 11/03/2006 DOCUMENT ID DESCRIPTION

TRADE NAME/ORIGINAL FILING (RNO)

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TAFT, STETTINIUS, HOLLISTER 21 E. STATE STREET **SUITE 1200** COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1658268

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

#### **BRIDGES FOR A JUST COMMUNITY**

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

Document(s)

Document No(s):

## 200630700338

TRADE NAME/ORIGINAL FILING Date of First Use: Expiration Date:

10/25/2006 11/02/2011

THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF GREATER CINCINNATI

106 EAST 8TH STREET CINCINNATI, OH 45202



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 2nd day of November,

A.D. 2006.

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

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O Yes 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:

(167-RNO) Date of first use October 25, 2006 MM/DD/YYYY  Complete the Information in this section The exact name being registered or	2) Fictitious Name (169-NFO)  a if box (1) or (2) is checked.  bridges for a Just Community  The Registrant is (Checked.		
Date of first use October 25, 2006  MM/DD/YYYY  Complete the Information in this section The exact name being registered or	n if box (1) or (2) is checked. tridges for a Just Community	Original Renewal Registration No.	
Complete the Information in this section The exact name being registered or	tridges for a Just Community	Renewal Registration No.	
Complete the Information in this section The exact name being registered or	tridges for a Just Community		
The exact name being registered or	tridges for a Just Community		-
The exact name being registered or	tridges for a Just Community		~
	<u> </u>		-
<u> </u>	The Registrant is (Chec	ck Appropriate Box)	~
	_		
☐ Individual	i I	Foreign Corporation incorporated in	
Limited Partnership: Reg. No.	_	the state of	
<u> </u>		holding Ohio license no.	
Ohio Limited Liability Co., Reg. No.		Unincorporated Association	·
_	61030	Foreign Limited Liability Co. holding	•
General Partnership		Ohio Reg No	~ -
U Other		organized in the state of	<u> </u>
The name of the registrant designated	above is		
The National Conference for Co	mmunity and Justice of Grea	ater Cincinnati	
NOTE: Where the registrant is a partnershi	p, the name of the partnership n	nust appear on this line. If the registrant is a	<del></del>
foreign corporation licensed in Ohio under a	n assumed name, both the assu	med name and actual corporate title of such	
corporation must appear on this line.			
The business address of the registrant	is		
106 East 8th Street			
(Street)	IOTE: P.O. Box Addresses are i	NOT acceptable.	
Cincinnati	Hamilton	Ohio	45202
(City)	(County)	(State)	(Zip Code)

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Last Revised. May 2002

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Advocacy and program development focused on promoting inclusion and justice in all communities.    Advocacy and program development focused on promoting inclusion and justice in all communities.			(2) is checked Cont	
insact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, aguse note both the assumed name and actual corporate title of such general partner.  In an acture of the business conducted by the registrant under thrade or fictitious name is (please be specific). Advocacy and program development focused on promoting inclusion and justice in all communities.  Implete the information in this section if box (3) is checked.  Please reserve the first name available in the order of my preference.  Inderstand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE CRETARY 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]  [Applicant] (Print Name)  REQUIRED  Ist be authenticated (signed) an authorized representative (See Instructions)  Authorized Representative (See Instructions)			COMPLETE RESIDENTIAL A	DDRESSES (including zip code)
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(First Choice)  (Second Choice)  (Third Choice)  (Applicant) (Print Name)  (Address)  (City, State and Zlp Code)  REQUIRED ust be authenticated (signed) an authorized representative (See Instructions)  II-1-06  Date	Please reserve the first	name available in ti	the order of my preference.	
The name reservation is valid for a period of 180 days.  (First Choice)  (Second Choice)  (Applicant)  (Print Name)  (City, State and Zip Code)  REQUIRED ust be authenticated (signed) an authorized representative (See Instructions)  (See Instructions)	understand that I am not quarante	ed the reservation	on UNTIL I RECEIVE WRITTEN C	CONFIRMATION FROM THE
(First Choice)  (Second Choice)  (Third Choice)  (Applicant) (Print Name)  (Address)  (City, State and Zip Code)  REQUIRED ust be authenticated (signed) an authorized representative (See Instructions)  II-1-06  Date	ECRETARY OF STATE'S OFFIC	E STATING THA	AT THE NAME HAS BEEN REGIS	STERED TO ME
(Second Choice)  (Third Choice)  (Applicant) (Print Name)  (Address)  (City, State and Zip Code)  REQUIRED ust be authenticated (signed) an authorized representative (See Instructions)  (See Instructions)	The name reservation is	valid for a period of	of 180 days.	
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(Applicant) (Print Name)  (Address)  (City, State and Zip Code)  REQUIRED Just be authenticated (signed) an authorized representative (See Instructions)  (See Instructions)	(Second Choice)			<del></del>
(City, State and Zip Code)  REQUIRED Just be authenticated (signed) y an authorized representative (See Instructions)  (Address)  III-1-06  Authorized Representative Date	(Third Choice)	<del>.</del>		
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dust be authenticated (signed) y an authorized representative (See Instructions)    Mathematical   Mathematical	(Address)			
	(Address)			
Authorized Representative Date	(Address)  (City, State and Zip Code)  REQUIRED  Just be authenticated (signed)  y an authorized representative	Authorized Re	The Marie	11-1-06 Date
	(Address)  (City, State and Zip Code)  REQUIRED  Just be authenticated (signed)  y an authorized representative	Authorized R	J. Mueuic presentative	11-1-06 Date

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Last Revised: May 2002