



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/03/2009	200906200970	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

OHIO RIGHT TO LIFE SOCIETY, INC.
 665 E DUBLIN GRANVILLE RD STE 200
 ATTN M LALLY
 COLUMBUS, OH 43229

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1839699

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

OHIO RIGHT TO LIFE SOCIETY EDUCATIONAL FUND

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/01/1986
 Expiration Date: 03/02/2014

Document No(s):

200906200970

OHIO RIGHT TO LIFE SOCIETY, INC.
 665 E DUBLIN GRANVILLE RD STE 200
 COLUMBUS, OH 43229



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 March, A.D.
 2009.

Ohio Secretary of State



Form 534A Prescribed by the:
Ohio Secretary of State

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

Expedite PO Box 1390
Columbus, OH 43216

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

Non Expedite PO Box 670
Columbus, OH 43216

NAME REGISTRATION
Filing Fee \$50

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> Trade Name (167-RNO) Date of first use: <u>1986</u>	<input type="checkbox"/> Fictitious Name (169-NFO)
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Name being registered or reported: Ohio Right to Life Society Educational Fund

Name of the Registrant: Ohio Right to Life Society, Inc.

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

- Individual
- Partnership
Registration # , if any _____
- Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____
- Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____
- Limited Liability Company
Registration # _____
If foreign, Jurisdiction of Formation _____
- Ohio Corporation
Charter # 362414
- Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____
- Unincorporated Association
- Professional Association
- Other

All registrants must complete the information in this section

Business address: 665 E. Dublin-Granville Rd., Suite 200
 Mailing Address
Columbus OH 43229
 City State Zip Code

The general nature of the business conducted by the registrant:
Nonprofit Corporation using education and advocacy to
promote the right to life from fertilization to natural death

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name	Address
_____	_____
_____	_____
_____	_____

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign 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 provide the assumed name and the name as registered in its jurisdiction of formation.

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
Must be authenticated
(signed) by the registrant or
an authorized
representative

Tracie Johnson
Signature
Tracie Johnson
Print Name

2.20.09
Date

Signature

Print Name

Date