



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/14/2010	201001300729	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

THE FARMERS CITIZENS BANK
P.O. BOX 567
105 WASHINGTON SQUARE
BUCYRUS, OH 44820

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1906872**

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

FC FINANCIAL SERVICES

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

Document(s):

TRADE NAME/ORIGINAL FILING

Date of First Use: 12/22/2009
Expiration Date: 01/08/2015

Document No(s):

201001300729

THE FARMERS CITIZENS BANK
105 WASHINGTON SQUARE
P.O. BOX 567
BUCYRUS, OH 44820



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 8th day of January, A.D. 2010.

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>12-22-09</u>	<input type="checkbox"/> Fictitious Name (169-NFO)
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Name being registered or reported: FC Financial Services
Name of the Registrant: The Farmers Citizens Bank

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)

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Partnership
Registration #, if any _____ | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____ | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____ | |
| <input type="checkbox"/> Limited Liability Company
Registration # _____
If foreign, Jurisdiction of Formation _____ | |
| <input checked="" type="checkbox"/> Ohio Corporation
Charter # <u>851305</u> | |
| <input type="checkbox"/> Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____ | |

All registrants must complete the information in this section

Business address:

105 Washington Sq. P.O. Box 567
Mailing Address
Bucyrus OH 44820
City State Zip Code

The general nature of the business conducted by the registrant:

Investment Services**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

[Signature] Coleman J. Clougherty 12/22/09
Signature Date
President & CEO
Print Name

[Signature] Doris M. Lambert 12/22/09
Signature Date
Doris M. Lambert, Vice Pres & CFO
Print Name