



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/09/2011	201131300230	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00		.00	.00

Receipt

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

HEALTHNETWORK FOUNDATION
33 RIVER STREET
CHAGRIN FALLS, OH 44022

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1675805

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

HEALTHNETWORK FOUNDATION

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

Document(s)

FICTITIOUS NAME RENEWAL

Document No(s):

201131300230



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 7th day of November,
A.D. 2011.

Ohio Secretary of State



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

RENEWAL OF FICTITIOUS NAME REPORT

1. The Registration Number to be renewed is: **1675805**

2. The fictitious name to be renewed is:
HEALTHNETWORK FOUNDATION

3. The date of original registration is: **January 26, 2007**

4. The applicant is: (check appropriate item)

- an individual
- an Ohio corporation, Charter Number: 1501859
- a foreign corporation, incorporated in the state of: _____
- a General Partnership
- a Limited Liability Company
- a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed: _____
- a Professional association
- an association
- a Society, Foundation, Federation or other organization

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SECRETARY OF STATE

5. The name of the applicant designated in item 4 is:

HEALTH NET FOUNDATION, INC.

(Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:

33 RIVER STREET

(Street address only, P.O. Box not acceptable)

CHAGRIN FALLS, CUYAHOGA, OHIO, 44022
(City, Village or Township) (County) (State) (Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

_____	_____
_____	_____
_____	_____

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant.

By: