



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/20/2006	200607900090	FOREIGN/SURRENDER (SUR)	50.00	100.00	.00	.00	.00

Receipt

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

FROST BROWN & TODD
10 W. BROAD ST., STE 2300
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

577084

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

TRI-STATE DRUG REHABILITATION AND COUNSELING PROGRAM INC.

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

Document(s)

FOREIGN/SURRENDER

This license has been cancelled.

Document No(s):

200607900090



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 17th day of March, 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)

Expedite this Form: (Select One)	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

CERTIFICATE OF SURRENDER OF FOREIGN LICENSED CORPORATION

(For Foreign, Profit or Non-Profit)
Filing Fee \$50.00

(1) <input type="checkbox"/> Foreign For Profit (143-SUR)	(2) <input checked="" type="checkbox"/> Foreign Non-Profit (143-SUR)
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To the Secretary of State Columbus, Ohio

FIRST: Tri-State Drug Rehabilitation and Counseling Program, Inc.

(Ohio License No.) _____ 577084, a corporation incorporated under the laws of the State of Kentucky heretofore authorized to do business in the State of Ohio, desiring to surrender its license to do so, hereby certifies:

SECOND: That it hereby surrenders its license to do business in the State of Ohio.

THIRD: That the address to which the Secretary of State of Ohio may mail any process against it that may be served upon him and other notices, certificates or statements, is:

6070 Branch Hill Guinea Pike
(street) NOTE: P.O. Box Addresses are NOT acceptable.

Milford Ohio 45150
(city, township, or village) (state) (zip code)

IN WITNESS WHEREOF, said corporation has caused this certificate to be executed by its officer duly authorized, on

March 13, 2006
(date)

Signature:

Name: Penny Walker, Executive Director

(NOTE: May be signed by president, vice-president, secretary or treasurer of the corporation, or by receiver, trustee in bankruptcy or other liquidator of such corporation.)

AFFIDAVIT BY A FOREIGN CORPORATION

In lieu of surrender releases from various governmental authorities (§ 1703.17(D) ORC)

Tri-State Drug Rehabilitation and Counseling Program, Inc.

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Surrender and was advised IN WRITING of the acknowledgement by the corporation that the surrender of its license does not release it of liability, if any, for payment of taxes and contributions due.

- | AGENCY | DATE NOTIFIED |
|---|-----------------------|
| 1 Ohio Department of Taxation
Dissolution Section
Box 182382
Columbus, Ohio 43218-2382 | <u>March 13, 2006</u> |
| 2. Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
4300 Kimberly Parkway
Columbus Oh 43232 (614) 466-2319 | <u>March 13, 2006</u> |
| 3. The treasurer of any County named below: | |
| <u>Clermont</u> | <u>March 13, 2006</u> |
| _____ | _____ |
| _____ | _____ |

(Note: This affidavit must be signed by one or more persons executing the certificate of surrender or by an officer of the corporation.)

Signature *Penny Walker* Title Executive Director

Name Penny Walker

6070 Branch Hill Guinea Pike

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Milford Ohio 45150
(City) (State) (Zip)

Sworn to before me and subscribed in my presence on 3/13/2006 *L.M. Natali*
(date) (Notary Public)

Commission Expires 9/8/10



L.M. NATALI
Notary Public
State of Ohio
My commission Expires Sept. 8, 2010

AFFIDAVIT OF PERSONAL PROPERTY

STATE OF OHIO

COUNTY OF: Clermont :SS

Penny Walker, being first duly sworn, deposes and says that she/he is

Executive Director of Tri-State Drug Rehabilitation and Counseling Center, Inc., that this

affidavit is made in compliance with section 1703.17 of the ORC;

That said corporation has: (choose one of the following)

- A. has no personal property in any county in the State of Ohio:
- B. personal property only in the following county(ies)

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: *Penny Walker*

Name: Penny Walker

Sworn before me and subscribed in my presence on 3/13/2006
(date)



L.L.A. M. NATALI
Notary Public
State of Ohio
My commission Expires Sept. 6, 2010

L.L.A. M. Natali
(Notary Public)

Commission expires 9/8/10
(date)