

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the [X] City [] County of Salem

1. The ASSUMED OR FICTITIOUS NAME of business:

NAME: HopeTree Family Services

2. The above business is owned by the following entity type:

- [X] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below)
[] LIMITED LIABILITY COMPANY (Complete C below) [X] CORPORATION (Complete C below).

A. NAME OF OWNER:

RESIDENCE ADDRESS:

POST OFFICE ADDRESS:

B. NAME OF PARTNERSHIP:

OFFICE ADDRESS:

POST OFFICE ADDRESS:

- (1) Is this a general partnership? [] NO [X] YES. If YES, complete the Statement of Partners on Page Two of Two.
(2) Is this a domestic limited partnership? [] NO [X] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. § 59.1-70.
(3) Is this a foreign limited partnership? [] NO [X] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation

Commission:

A certified copy of this certificate must be filed with the State Corporation Commission § 59.1-70.

C. NAME OF [X] CORPORATION [] LIMITED LIABILITY COMPANY:

VIRGINIA BAPTIST CHILDREN'S HOME & FAMILY SERVICES

OFFICE ADDRESS: 860 MT. VERNON LANE, SALEM, VA 24153

POST OFFICE ADDRESS: P.O. BOX 849, SALEM, VA 24153

- (1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. § 59.1-70.
(2) Is this a foreign corporation or a foreign limited liability company? [X] NO [] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State

Corporation Commission: 01/06/1991

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship

NAME OF OWNER

SIGNATURE OF OWNER

Partnership

NAME OF GENERAL PARTNER

SIGNATURE OF GENERAL PARTNER

Corporation

Dr. Stephen Richardson

NAME OF PRESIDENT

Signature of Dr. Stephen Richardson

SIGNATURE OF PRESIDENT

Limited Liability Company

NAME OF MEMBER/MANAGER

SIGNATURE OF MEMBER/MANAGER

[X] City [] County of Roanoke State of Virginia

Subscribed and acknowledged before me by Dr. Stephen Richersos, this 5th day of March, 2007

My commission expires March 31, 2009

Signature of Janne M. Hammer

CLERK/DEPUTY CLERK [X] NOTARY PUBLIC

CLERK'S OFFICE

Filed in the Clerks' Office of the City of Salem

Circuit Court on March 6, 2007

DATE

Cherice Crawford

Clerk by

Signature of Deputy Clerk

Deputy Clerk