


Entity# : 6799749
Date Filed : 11/20/2018
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Joseph Schlim Name 182 W Hills Road, Address New Canaan CT 06840 City State Zip Code <input type="checkbox"/> Return document by email to: _____	Registration of Fictitious Name DSCB:54-311 (rev.2/2017)  311
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70.00

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:

Water Gap Wellness

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:

Residential addiction treatment center and inpatient programs

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

288 Mountain Road,	Delaware Water Gap	PA	18327	Monroe
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
Joseph Schlim	182 W Hills Road	New Canaan	Out Of State	CT, United States
	06840			

Objector
EXHIBIT NO. 1
12-13-23
D. Kenderdine

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

Dan Harvey, Michael Burke

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration of Fictitious Name to be executed this

20th day of November, 2018.

Joseph Schlim
Individual Signature