



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/30/2002	200203002738	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

FOURTH STREET FINANCIAL ADVISORS
ONE WEST FOURTH ST
SUITE 2000
CINCINNATI, OH 45202

S T A T E O F O H I O**Ohio Secretary of State, J. Kenneth Blackwell****RN157235**

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

FOURTH STREET FINANCIAL ADVISORS

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

200203002738

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 30th day of January, A.D.
2002.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by
J. KENNETH BLACKWELL, Secretary of State
30 East Broad Street, Lower Level
Columbus, Ohio 43266-0418

RENEWAL OF TRADE NAME REGISTRATION

2002 JUN 20 PM 12:

1. The Registration Number to be renewed is: **RN157235**
2. The trade name to be renewed is:
FOURTH STREET FINANCIAL ADVISORS
3. The date of original registration is: **April/30/1992**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☒ an Ohio corporation, Charter Number: 818887
 - ☐ 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 is: _____
 - ☐ a Professional association
 - ☐ an association
 - ☐ a Society, Foundation, Federation or other organization
5. The name of the applicant designated in item 4 is:
Fourth Street Financial Advisors, 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:
One West Fourth Street, Suite 2000
(Street address only, P.O. Box not acceptable)
Cincinnati, Hamilton, Ohio, 45202
(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: _____

President