DOC ID ----> 200227702000

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/07/2002	200227702000	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00	.00	.00	.00

Receipt

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

MATHEWS GROUP
P.O. BOX 1605
WEST CHESTER, OH 45071-1605

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

FN60726

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

THE MATHEWS GROUP

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

Document(s)
FICTITIOUS NAME RENEWAL

Document No(s):
200227702000

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 4th day of October, A.D. 2002.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200227702000

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

2002 OCT -4 PM 12:35

RENEWAL OF FICTITIOUS NAME REPORT

1. The Registration Number to be renewed is: **FN60726**

2. The fictitious name to be renewed is:
   THE MATHEWS GROUP

3. The date of original registration is: **January/19/1993**

4. The applicant is: (check appropiate item)
   - ✓ an individual
   - ___ an Ohio corporation, Charter Number: _____
   - ___ 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:
   HOPKIN ARTHUR MATHEWS
   (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:
   6244 Allsdale Ln
   (Street address only, P.O. Box not acceptable)
   West Chester, BUTLER, OH, 45069
   (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 appplicant.

By: _____