



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/30/2002	200236401620	LIMITED PARTNERSHIP (CLP)	125.00	100.00	.00	.00	.00

Receipt

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

KEGLER, BROWN, HILL & RITTER
65 E. STATE ST., SUITE 1800
COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1359502

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

KUMLER ASSET MANAGEMENT LIMITED PARTNERSHIP

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

Document(s)

LIMITED PARTNERSHIP

Document No(s):

200236401620



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 December,
A.D. 2002.

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)

www.state.oh.us/sos

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

Expedite this Form: (Select One)

Mail Form to one of the Following:

☒ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☐ No PO Box 670
Columbus, OH 43216

Application for Registration of a Registered Partnership Having Limited Liability or Certificate of Limited Partnership

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Certificate of Limited Partnership

☒ Domestic (141-CLP)

☐ Foreign (104-LPF)

(Home State)

(Date of Organization)

ORC 1782

(2) Application for Registration of a
Registered Partnership Having Limited Liability

☐ Domestic
(105-PLL)

☐ Foreign
(105-PLF)

(State)

ORC 1775 (A)

CLIENT SERVICE CENTER

2002 DEC 30 AM 10:58

RECEIVED
SECRETARY OF STATE

Complete the general information in this section for the box checked above.

The Name of the
Partnership Shall Be KUMLER ASSET MANAGEMENT LIMITED PARTNERSHIP

☐ Check here if additional provisions are attached

Complete the information in this section if Domestic or Foreign is checked in box (1).

The Address of the
principal place of
business of the partnership shall be

11270 Lanc-Kirk Road NW

(Street)

Baltimore

(City)

OH

(State)

43105

(Zip Code)

The Name and Business or Residence Address of each
GENERAL PARTNER is

(Name)

(Address)

Karl W. Kumler

11270 Lanc-Kirk Road NW, Baltimore, OH 43105

Martha A. Kumler

11270 Lanc-Kirk Road NW, Baltimore, OH 43105

(If insufficient space to cover this item, please attach additional sheet)

Dec 28 02 10:45a
DEC. 27. 2002 3:29PMMartha Kumler
KEGLER BROWN HILL RI140-802-5518
NO. 8017

P. 4

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Complete the information in this section if box (1) or (2) is checked.

The above stated hereby appoints the following as its Statutory Agent

The Name & Address of a
Statutory Agent for Service of ProcessKarl W. Kumler
(Name)

in Ohio is

11270 Lanc-Kirk Road NW
(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Baltimore
(City)Ohio
(State)43105
(Zip Code)

The entity above irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or
- B. the above listed fails to designate another agent when required to do so, or
- C. the above stated registration to do business in Ohio expires or is cancelled.

ACCEPTANCE OF APPOINTMENT

(Agent must sign Acceptance of Appointment if Domestic is checked in box 1.)

The Undersigned, Karl W. Kumler, named herein as theStatutory agent for, KUMLER ASSET MANAGEMENT LIMITED PARTNERSHIP, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: *

Karl W. Kumler
(Statutory Agent)**Complete the information in this section if Foreign is checked in box (1).**The Address of the
Foreign Partnership
in the State or Country
of Formation

(Street)

(City)

(State or Country)

(Zip Code)

(If the foreign limited partnership is not required to maintain an office in its state of formation, please indicate this fact in this space)

The address of the office where a list of the names and business or residence addresses of the limited partnership and their capital contributions is to be maintained until the registration of the foreign limited partnership is cancelled or withdrawn is

(Street)

(City)

(State or Country)

(Zip Code)

Dec 28 02 10:45a

Martha Kumler

740-862-5910

p. 5

DEC. 27, 2002 3:29PM

KEGLER BROWN HILL RI

NO. 8017 P. 5

Complete the information in this section if box (2) is checked.**Please complete the following appropriate section (either item A or B)****(A) The Address of the Partnership's
Principal Office in Ohio is**

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Ohio

(City)

(State)

(Zip Code)

If the partnership does not have a principal office in Ohio, then item B must be completed.

**(B) The Address of the Partnership's
Office is**

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The business which the partnership engages in is**The effective date shall be**

(Date)

(If a date is specified, the date must be a date on or after the date of filing; the effective date of the application cannot be earlier than the date of filing. If no date is specified, the date of filing will be the effective date of the application.)

Follow these signature instructions in this section if an item in box (1) is checked.**(Domestic)** Certificate must be signed by all general partners.**(Foreign)** This application is to be signed by a general partner of the limited partnership.**Follow these signature instructions in this section if an item in box (2) is checked.**

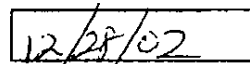
The registration application must be executed by a majority in interest of the partners or by one or more partners authorized by the partnership to execute the registration application.

REQUIREDMust be authenticated (signed)
by an authorized representative
(See Instructions)

x



Authorized Representative



Date

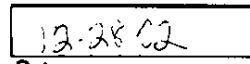
Karl W. Kumler

Print Name

x



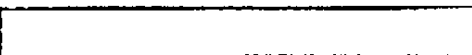
Authorized Representative



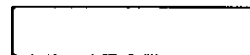
Date

Martha A. Kumler

Print Name



Authorized Representative



Date

Print Name