



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/19/2004	200410701518	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00	.00	.00	.00

Receipt

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

THE MATHEW KELLY FOUNDATION
2330 KEMPER LANE
CINCINNATI, OH 45206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1094612

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

BEACON PUBLISHING

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

Document(s)

FICTITIOUS NAME RENEWAL

Document No(s):

200410701518



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 16th day of April, A.D.
2004.

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

2004 MAR 11 PM 12:27

RENEWAL OF FICTITIOUS NAME REPORT

1. The Registration Number to be renewed is: **1094612**
2. The fictitious name to be renewed is:
BEACON PUBLISHING
3. The date of original registration is: **June/28/1999**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☒ an Ohio corporation, Charter Number: 0247710
 - ☐ 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:
THE MATTHEW KELLY FOUNDATION
(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:
2330 KEMPER LANE
(Street address only, Box not acceptable)
CINCINNATI, HAMILTON, OHIO, 45206
(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: _____