



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/17/2005	200516701466	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

DAVID A. LEVY & ASSOCIATES ARCHITECTS
3501 EMBASSY PKWY STE 201
AKRON, OH 44333-8364

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1168346**

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

DAVID A. LEVY & ASSOCIATES

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

200516701466

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 June, A.D.
2005.

J. Kenneth Blackwell
Ohio Secretary of State



J. Kenneth Blackwell, Secretary of State
30 East Broad Street
Lower Level
Columbus, Ohio 43215

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1168346**

2. The trade name to be renewed is:
DAVID A. LEVY & ASSOCIATES

3. The date of original registration is: **July 10, 2000**

4. The applicant is: (check appropriate 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: _____
☐ a Professional association
☐ an association
☐ a Society, Foundation, Federation or other organization

5. The name of the applicant designated in item 4 is:

David A. Levy : Assoc

(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:

345 Springside Dr.

(Street address only, P.O. Box not acceptable)

Akron

(City, Village or Township)

Summit

(County)

OH

(State)

44333

(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 [Signature]