



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/06/2007	200715603020	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

MILLIKIN & FITTON LAW FIRM
ATTN: DEANNA M. WOEDL
6 S. SECOND ST.
HAMILTON, OH 45012

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1340792**

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

JUNGLE JIM'S INTERNATIONAL MARKET

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

Document(s)
TRADE NAME RENEWAL

Document No(s):
200715603020



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 June, A.D.
2007.

Ohio Secretary of State

From: unknown Page: 2/3 Date: 6/4/2007 1:13:14 PM

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JUNGLE JIM'S

003/003



Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

RENEWAL OF TRADE NAME REGISTRATION

2007 JUN -4 PM 1:38

1. The Registration Number to be renewed is: **1340792**
2. The trade name to be renewed is:
JUNGLE JIM'S INTERNATIONAL MARKET
3. The date of original registration is: **September 16, 2002**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☒ an Ohio corporation, Charter Number: 530224
 - ☐ 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:

Jungle Jim's Market, 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:

5440 Dixie Highway

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

Fairfield

Butler

Ohio

45014

(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: [Signature]