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06/23/2009	200917301456	ANNUAL REPORT/LIMITED LIABILITY PARTNERSHIP (09L)	25.00	.00	.00	.00	.00

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BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP
3800 EMBASSY PKWY - #300
AKRON, OH 44333

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

943047

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

BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP.

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

Document(s)

ANNUAL REPORT/LIMITED LIABILITY PARTNERSHIP

Document No(s):

200917301456



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 22nd day of June, A.D.
2009.

Ohio Secretary of State



**Form 520 Prescribed by the:
Ohio Secretary of State**

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**Biennial Report
Filing Fee: \$25**

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(1) ☐ Biennial Report of
Professional
Corporation (102-YRA)
(even-numbered years)

Indicate Year

List Profession

(2) ☒ Biennial Report of
Limited Liability
Partnership (103-YRL)
(odd-numbered years)

Indicate Year

If foreign limited liability
partnership, provide
jurisdiction of formation

Name of Entity

Charter or Registration Number

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

Shareholders of Professional Corporation

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name

Address

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

Address of the partnership's chief executive office:

3800 Embassy Parkway Suite 300

Mailing Address

Akron

City

Ohio

State

44333

Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City

State

Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City

State

Zip Code

☐ If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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

Signature

Print Name

Date