



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/06/2012	201206501244	TRADE NAME RENEWAL (RNR)	25.00	.00		.00	.00

Receipt

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

THRISTY DOG BREWING COMPANY
529 GRANT STREET
AKRON, OH 44311

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

RN231511

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

THRISTY DOG BREWING COMPANY

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

201206501244



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 29th day of February,
A.D. 2012.

Ohio Secretary of State

Doc ID -->

201133920056



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

RENEWAL OF TRADE NAME REGISTRATION

RECEIVED

FEB 29 2012

SECRETARY OF STATE

1. The Registration Number to be renewed is: **RN231511**
2. The trade name to be renewed is:
THIRSTY DOG BREWING COMPANY
3. The date of original registration is: **April 4, 1997**
4. The applicant is: (check appropriate item)
 - ☒ an individual
 - ☒ an Ohio corporation, Charter Number: 1414753
 - ☐ 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:
THIRSTY DOG BREWING COMPANY
 (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:
529 GRANT ST
 (Street address only, P.O. Box not acceptable)
AKRON SUMMIT OH 44311
 (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:

Mark X. [Signature] SECRETREAS