



DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
213500290	PARTNERSHIP/STATEMENT OF PARTNERSHIP AUTHORITY (PRT)	125.00	.00		.00	.00

Receipt

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

THOMPSON DUNLAP & HEYDINGER
1111 RUSH AVE
PO BOX 68
BELLEFONTAINE, OH 43311

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2106420**

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

ROHRS FARMS

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

(s)

PARTNERSHIP/STATEMENT OF PARTNERSHIP AUTHORITY

Document No(s):

201213500290

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 7th day of May, A.D.
2012.

Ohio Secretary of State



**Form 535 Prescribed by the:
Ohio Secretary of State**

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

www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Statement of Partnership Authority
Filing Fee: \$125
(189-PRT)

of the Partnership

Rohrs Farms

ation Number of Partnership

d only if partnership has filed a prior statement under Ohio Revised Code 1776)

s of the partnership's chief executive office

urtright Street

g Address

ffey

Ohio
State

45859
ZIP Code

chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists

g Address

State

ZIP Code

2012 MAY 11 - 8 PM 2:18

Provide the names and addresses of all partners or appoint an information agent

Partner Name**Address****Information Agent**

Name of Agent

Mailing Address

City

State

ZIP Code

Original Appointment of Agent

The undersigned authorized representative(s) of

Name of Partnership

hereby appoints the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the partnership may be served.

Name of Agent

Mailing Address

City

State

ZIP Code

Acceptance of Appointment

The undersigned, named herein as the statutory agent for

Name of Partnership

hereby acknowledges and accepts the appointment of agent for said partnership

Individual Agent's Signature / Signature on behalf of Corporate Agent

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

Optional: The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership and any limitations of that authority.

Names**Authority / Limitations**

Donald Rohrs

Full authority, subject to approval as specified in partnership agmt.

John Rohrs

Full authority, subject to approval as specified in partnership agmt.

Jason Rohrs

Full authority, subject to approval as specified in partnership agmt.

Optional: The names of the partners authorized to enter into transactions on behalf of the partnership (other than instruments transferring real property held in the name of the partnership) and any limitations on that authority.

Names**Authority / Limitations**

Donald Rohrs

Full authority, subject to approval as specified in partnership agmt.

John Rohrs

Full authority, subject to approval as specified in partnership agmt.

Jason Rohrs

Full authority, subject to approval as specified in partnership agmt.

Optional: Insert here or on attached sheets any other matter to be included in a statement of qualification.

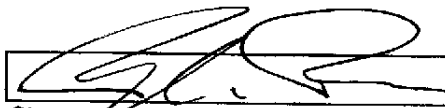
Names**Authority / Limitations**

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

ed
signed
authorized
ntative.

rized representative
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print their name
Print Name" box.

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Signature

By (if applicable)

John Rohrs
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name