DOC ID ----> 201316500599

| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 06/14/2013 | 201316500599 | TRADE NAME RENEWAL (RNR) | 25.00 | .00 | | .00 | .00 |

**Receipt**

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

THE DISPATCH PRINTING COMPANY
34 S THIRD ST
COLUMBUS, OH 43215

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**RN50297**

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

**THE COLUMBUS DISPATCH**

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

| Document(s) | Document No(s): |
|---|---|
| **TRADE NAME RENEWAL** | **201316500599** |

**Effective Date: 06/14/2013**

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 14th day of June, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201316500599

JON HUSTED
OHIO SECRETARY OF STATE
180 East Broad Street, 16th Floor | Columbus, Ohio 43215
Tel: (877) 767-6446 | Fax: (614) 644-0649 | www.OhioSecretaryofState.gov

2013 JUN 14 AM 10:55

# RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN50297**

2. The trade name to be renewed is:
   **THE COLUMBUS DISPATCH**

3. The applicant is: (check appropriate item)
   - ___ an individual
   - ✓ an Ohio corporation, Charter Number: 016876
   - ___ 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

4. The name of the applicant designated in item 3 is:
   The Dispatch Printing Company
   (Note: When the applicant is a partnership, the name of the partnership must appear on this line)

5. Complete only if applicant is a partnership and has not filed a statement of partnership authority:

| Names of All General Partners | Complete Residence Address |
|---|---|
| | |
| | |
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| | |

This document is signed by an authorized representative of the registrant.

By: Thomas J. Lewis