DOC ID ----> 201403801213

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/10/2014	201403801213	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	.00		.00	.00

Receipt

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

THE SCRATCHING POST, INC.
ATTN LINDA RILEA
6948 PLAINFIELD RD.
CINCINNATI, OH 45236

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

774641

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

THE SCRATCHING POST, INC.

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

Document(s)	Document No(s):
CERTIFICATE OF CONTINUED EXISTENCE	**201403801213**

Effective Date: 02/05/2014

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 10th day of February, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201403801213

Form 522 Prescribed by:
JON HUSTED
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 788
Columbus, OH 43216

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

Statement of Continued Existence
Filing Fee: $25

2014 FEB -5 PM 12:25

CHECK ONLY ONE (1) Box

(1) ☒ Statement of Continued Existence (163-CCE) (Domestic Nonprofit Corporation)

(2) ☐ Verification of Foreign Nonprofit (173-FCE) (Foreign Nonprofit Corporation)

By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges

Name of Corporation: The Scratching Post, Inc.

Charter or License Number: 774641

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

Location of Principal Office: Silverton (City) Hamilton (County)

Date of Incorporation: 06/05/1990 (Date)

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

Date of Qualification in Ohio: (Date)

Jurisdiction of Formation: (Jurisdiction)

Location of Office NOT in Ohio: (Mailing Address) (City) (State) (Zip Code)

Location of Office IN Ohio: (Mailing Address) (City) Ohio (State) (Zip Code)

DOC ID ----> 201403801213

All Corporations must complete this section

Current Statutory Agent's Name and Address

Linda Rilea
Name of Agent

6948 Plainfield Rd.
Mailing Address

Cincinnati
City

Ohio
State

45236
Zip Code

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.

Required
The statement must be signed by a director, officer, or three members in good standing.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

✓ Linda Rilea
Signature

By (if applicable)

Linda Rilea
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name