DOC ID ----> 201418801705

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/08/2014	201418801705	TRADE NAME/ORIGINAL FILING (RNO)	50.00	0.00	0.00	0.00	0.00

Receipt

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

KNAPP TYME LLC
CHRISTOPHER KNAPP
993 BELVEDERE DR
LEBANON, OH 45036

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
2308883

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

IMAGINATIONS AT WORK CHILD CARE

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

Document(s)	Document No(s):
TRADE NAME/ORIGINAL FILING	**201418801705**

Effective Date: 07/07/2014

Date of First Use: 07/01/2014

Expiration Date: 07/07/2019

KNAPP TYME LLC.
993 BELVEDERE DR.
LEBANON, OH 45036

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 8th day of July, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201418801705

Form 534A 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 670
Columbus, OH 43216

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

Name Registration

Filing Fee: $50

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use: 07/01/2014
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Imaginations At Work Child Care
Name being Registered or Reported

Knapp Tyme LLC.
Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 2241900

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Child Care Center

Business address:

993 Belvedere Dr.
Mailing Address

Lebanon
City

OH
State

45036
Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name	Address
Christopher Knapp	1180 Coronado Ave. Cincinnati, Ohio 45238

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

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
Application must be signed by the registrant or an authorized representative.

Signature

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

By (if applicable)

Christopher Knapp
Print Name

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.

DOC ID ----> 201418801705

Form 590 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

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent: Imaginations At Work Childcare, LLC

Charter/Registration/License Number of Entity giving Consent: 1386817

Gives it Consent To: Knapp Tyme, LLC

To Use The Name: Imaginations At Work Childcare

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
Consent form must be signed by an authorized representative of the consenting entitiy.

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.

Imaginations At Work Childcare, LLC
Signature

Vicki Amburgy
By (if applicable)

Vicki Amburgy
Print Name

Signature

By (if applicable)

Print Name