



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/15/2016	201635002706	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

**AULTMAN HEALTH FOUNDATION
2600 SIXTH STREET SW
CANTON, OH, 44710**

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

668436

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

THE ORRVILLE HOSPITAL FOUNDATION

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 12/15/2016

Document No(s):

201635002706



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 15th day of December, A.D.
2016.

Ohio Secretary of State



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

Date Electronically Filed: 12/15/2016

Statement of Continued Existence

Filing Fee: \$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 ORRVILLE HOSPITAL FOUNDATION

 Charter or License Number 668436
Complete the information in this section if box (1) is checked

 Location of Principal Office ORRVILLE
 City

WAYNE
 County

 Date of Incorporation 12/26/1985
 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

 State

 Zip Code

All Corporations must complete this section

Current Statutory Agent's Name and Address

MARK D. WRIGHT

Name of Agent

2600 SIXTH STREET, S.W.

Mailing Address

CANTON

City

OH

State

44710

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.

MARCHELLE L. SUPPAN

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name