



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/02/2017	201727502202	TRADE NAME REGISTRATION (RNO)	39.00	100.00	0.00	0.00

Receipt

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

SKIDMORE & HALL CO, LPA
LEE SKIDMORE, ESQ.
748 N. COURT ST.
MEDINA, OH 44256

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

4078661

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

SLAUGHTERHOUSE HAUNT

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 09/29/2017

Document No(s):

201727502202

Date of First Use: 05/10/2016

Expiration Date: 09/29/2022

SLAUGHTERHOUSE HAUNT, LLC.
5665 CHIPPEWA RD.
CHIPPEWA LAKE, OH 44215



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
2nd day of October, A.D. 2017.

Ohio Secretary of State

Form 534A Prescribed by:

For screen readers, follow instructions located at this path.

RECEIVED

SEP 29 2017

Name Registration**Filing Fee: \$39****Form Must Be Typed**

OHIO SECRETARY OF STATE

CHECK ONLY ONE (1) BoxTrade Name
(167-RNO)

Date of first use:

05/10/2016

MM/DD/YYYY

Fictitious Name
(169-NFO)

Slaughterhouse Haunt

Name being Registered or Reported

Slaughterhouse Haunt, 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): 3902585

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

HAUNTED HOUSE

Business address:

5665 CHIPPEWA ROAD

Mailing Address

CHIPPEWA LAKE

City

OHIO

State

44215

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

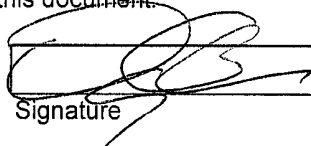
Address

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)

Vaughn Lekan

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.