DOC ID ----> 201729101880

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/19/2017	201729101880	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

NITIN K PATEL
600 ENTERPRISE DR
LEWIS CENTER, OH 43035

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

4085165

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

HOLIDAY INN EXPRESS CHILLICOTHE

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**201729101880**

Effective Date: 10/18/2017

Date of First Use: 07/01/2011

Expiration Date: 10/18/2022

JAIRAM, LLC
600 ENTERPRISE DR
LEWIS CENTER, OH 43035

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 19th day of October, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201729101880

Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 10/18/2017

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

For screen readers, follow instructions located at this path.

Name Registration

Filing Fee: $39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☑ Trade Name (167-RNO) Date of first use: 7/1/2011 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

HOLIDAY INN EXPRESS CHILLICOTHE
Name being Registered or Reported

JAIRAM, 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): 1782964

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

ACCOMMODATIONS

Business address:

600 ENTERPRISE DR
Mailing Address

LEWIS CENTER
City

OH
State

43035
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.

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

JAIRAM,LLC
Signature

NITIN PATEL
By (if applicable)

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.