DOC ID ----> 201830901936

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/05/2018	201830901936	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

BRICKER & ECKLER
100 S. 3RD STREET
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
4251618

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

TOTAL PERFORMANCE SPORTS CAMPS

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**201830901936**

Effective Date: 11/05/2018

Date of First Use: 11/04/2018

Expiration Date: 11/05/2023

KENYON COLLEGE
100 CHASE AVE
GAMBIER, OH 43022

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 5th day of November, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201830901936

Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 11/5/2018

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

- [x] Trade Name (167-RNO) — Date of first use: 11/4/2018 (MM/DD/YYYY)
- [ ] Fictitious Name (169-NFO)

TOTAL PERFORMANCE SPORTS CAMPS
Name being Registered or Reported

KENYON COLLEGE
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): 206668

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Educational and charitable purposes; to maintain an institution of higher learning for the promotion of education

Business address:

100 CHASE AVE
Mailing Address

GAMBIER
City

OH
State

43022
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.

DAVID S. JACKSON, AUTHORIZED REPRESENTATIVE
Signature

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.

DOC ID ----> 201830901936

Form 590 Prescribed by:

JON HUSTED
Ohio Secretary of State

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

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.)
Form Must Be Typed

Name of Entity/Individual Giving Consent: TOTAL PERFORMANCE SPORTS CAMPS, LLC

Charter/Registration/License Number of Entity giving Consent: 2369539

Gives it Consent To: KENYON COLLEGE

To Use The Name: TOTAL PERFORMANCE SPORTS CAMPS, LLC

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 entity.

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.

Signature

SARAH HOLCOMB, AUTHORIZED REPRESENTATIVE
By (if applicable)

Print Name

Total Performance Sport Camps, LLC
Signature

Sarah S Holcomb
By (if applicable)

Sarah S. Holcomb
Print Name