DOC ID ----> 201903902910

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/11/2019	201903902910	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0.00	0.00	0.00

Receipt

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

THE SCRATCHING POST, INC.
LINDA RILEA
6958 PLAINFIELD ROAD
CINCINNATI, OH 45236

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

774641

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

THE SCRATCHING POST, INC.

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

Document(s)	Document No(s):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE	**201903902910**
Effective Date: 02/08/2019	

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 11th day of February, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201903902910

Form 522 Prescribed by:

OFFICE OF THE
Ohio Secretary of State

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

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

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

2019 FEB -8 PM 12:31

For screen readers, follow instructions located at this path.

Statement of Continued Existence
Filing Fee: $25
Form Must Be Typed

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 Scratching Post, Inc.

Charter or License Number: 774641

Complete the information in this section if box (1) is checked

Location of Principal Office: Silverton (City) Hamilton (County)

Date of Incorporation: 06/05/1990 (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) Ohio (State) (Zip Code)

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All Corporations must complete this section

Current Statutory Agent's Name and Address

Linda Rilea
Name of Agent

6958 Plainfield Road
Mailing Address

Cincinnati	Ohio	45236-3734
City	State	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.

Linda Rilea
Signature

By (if applicable)

Linda Rilea
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name