DOC ID ----> 202317801936

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/28/2023	202317801936	Biennial Report/Limited Liability Partnership (23L)	25.00	0			0

Receipt

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

DINSMORE & SHOHL
255 EAST FIFTH STREET, #1900
CINCINNATI, OH, 45202

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

947621

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

DINSMORE & SHOHL LLP

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

Document(s)	Document No(s):
Biennial Report/Limited Liability Partnership	**202317801936**

Effective Date: 06/28/2023

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 28th day of June, A.D. 2023.

Ohio Secretary of State

DOC ID ----> 202317801936

Form 520 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 6/28/2023

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Biennial Report
(Domestic, Professional Association, Domestic or Foreign LLP)
Filing Fee: $25
Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) ☐ _____ Biennial Report of Professional Association (102-YRA) (even-numbered years)
Indicate Year

List Profession _____

(2) ☉ 2023 Biennial Report of Limited Liability Partnership (103-YRL) (odd-numbered years)
Indicate Year

If foreign limited liability partnership, provide jurisdiction of formation _____

Name of Entity: DINSMORE & SHOHL LLP

Charter or Registration Number: 947621

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

Shareholders of Professional Association

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name	Address

Complete the applicable information in this section if box (2) is checked

Address of the partnership's chief executive office:

1900 FIRST FINANCIAL CENTER, 255 EAST FIFTH STREET
Mailing Address

CINCINNATI | OH | 45202
City | State | Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City | State | Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

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
Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

DINSMORE & SHOHL LLP
Signature

ROXANNA M. BENJAMIN, BUDGET & REPORTING CONTROLLER
By (if applicable)

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

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.