DOC ID ----> 202403000840

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/30/2024	202403000840	TRADE NAME RENEWAL (RNR)	25.00	0.00	0.00	0.00

Receipt

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

RIVER VALLEY PHYSICIANS, LLC
PO BOX 2396
EAST LIVERPOOL, OH 43920

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

2267087

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

RIVER VALLEY PHYSICIANS ENT

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**202403000840**

Effective Date: 01/29/2024

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 30th day of January, A.D. 2024.

Ohio Secretary of State

Form 523A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

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

For screen readers, follow instructions located at this path.

2024 JAN 29 PM 2:12

Renewal of Trade Name or Fictitious Name Registration
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

☒ Renewal of Trade Name (172-RNR)

Reg. No. 2267087

☐ Renewal of Fictitious Name (159-NER)

Reg. No.

Trade Name or Fictitious Name to be Renewed: RIVER VALLEY PHYSICIANS ENT

Name of Registrant Renewing Name: RIVER VALLEY PHYSICIANS, LLC

Registrant's Entity Number (if registered with Ohio Secretary of State): 1588916

Complete if the registrant is a general partnership and has not provided an entity number above. Registration numbers are assigned to partnerships that have filed a statement under Ohio Revised Code Chapter 1776 OR complete if a partner was listed on the original application and that person/entity is no longer a partner.

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

Renewal must be signed by the registrant or authorized representative of the registrant.

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

By (if applicable)

Print Name

RIVER VALLEY PHYSICIANS, LLC

Signature

Samantha Rivalsky

By (if applicable)

SAMANTHA RIVALSKY

Print Name