		ate of Rhode Island and Providence Plantations Office of the Secretary of State			
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Certificate Request Form					
Request Information					
ID	ENTITY NAME		CERTIFICATE	TYPE	
001015095	ALLIED CASH ADVANCE OHIO, LLC		Certificate of Good Standing		
Filer's Contact Information   (Enter a contact name, mailing address and email.)   Contact Name: Sally Fox   Business Name: Allied Cash Advance Ohio LLC   No. and Street: 7755 Montgomery rd   Ste 400 Ste 400					
City or Town: <u>Cincinn</u> Contact Phone: <u>513 22</u> Contact Email: sjfox@	n <u>ati</u> Sta 1 <u>9 6992</u> ext:	te: <u>OH</u>	Zip: <u>45236</u>	Country: <u>USA</u>	
Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.					
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