DOC ID ----> 200025601630

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/12/2000	200025601630	TRADE NAME RENEWAL (RNR)	10.00	.00	.00	.00	.00

Receipt

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

DISPATCH CONSUMER SERVICES, INC.
PO BOX 262
LEWIS CENTER, OH 43035-0262

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

RN86857

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

DISPATCH CONSUMER SERVICES

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**200025601630**

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 17th day of August, A.D. 2000.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200025601630

Prescribed by
J. KENNETH BLACKWELL, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN86857**

2. The trade name to be renewed is:
   DISPATCH CONSUMER SERVICES

3. The date of original registration is: **September/19/1985**

4. The applicant is: (check appropiate item)
   - ___ an individual
   - X an Ohio corporation, Charter Number: 668456
   - ___ a foreign corporation, incorporated in the state of: _____
   - ___ a General Partnership
   - ___ a Limited Liability Company
   - ___ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed is: _____
   - ___ a Professional association
   - ___ an association
   - ___ a Society, Foundation, Federation or other organization

5. The name of the applicant designated in item 4 is:
   Dispatch Consumer Services, Inc.
   (Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:
   7801 N. Central Dr.
   (Street address only, P.O. Box not acceptable)

Lewis Center	Delaware	OH	43035-0262
(City, Village or Township)	(County)	(State)	(Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners	Complete Residence Address

This document is signed by a corporate officer, general partner, association member or officer, or the individual appplicant.

By: Jr A. Agnoiacci, Agent for Dispatch Consume Services, I