



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/15/2001	200128802914	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

LAKE BALANCE COMPANY
P.O. BOX 215
MADISON, OH 44057

STATE OF OHIO**Ohio Secretary of State, J. Kenneth Blackwell****RN224709**

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

LAKE BALANCE COMPANY, INC.

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

200128802914

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 15th day of October, A.D.
2001.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by
J. KENNETH BLACKWELL, Secretary of State
30 East Broad Street, Lower Level
Columbus, Ohio 43266-0418

2001 OCT -9 PM 2:45
2001 OCT 15 PM 12:58

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN224709**
2. The trade name to be renewed is:
LAKE BALANCE COMPANY, INC.
3. The date of original registration is: **November/ 8/1996**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☒ an Ohio corporation, Charter Number: 784126
 - ☐ 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:
Lake Balance Company, 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:
139 Union Street
(Street address only, P.O. Box not acceptable)

<u>Madison Village</u>	<u>Lake</u>	<u>Ohio</u>	<u>44057</u>
(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 applicant.

By: Rebecca Griffith