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|------------|--------------|----------------------------------|--------|-------|---------|------|------|
| 03/05/2002 | 200205904366 | TRADE NAME/ORIGINAL FILING (RNO) | 50.00  | .00   | .00     | .00  | .00  |

**Receipt**

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

CHECKER DISTRIBUTORS  
400-B W DUSSEL DR  
PO BOX 460  
MAUMEE, OH 43537-0460

# STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1303700

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

**CHECKER DISTRIBUTORS**

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

Document(s)

Document No(s):

**TRADE NAME/ORIGINAL FILING**

**200205904366**

Date of First Use: 11/25/1988

Expiration Date: 02/28/2007

CHECKER NOTIONS COMPANY, INC.  
400-B W DUSSEL DR  
MAUMEE, OH 43537



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 February,  
A.D. 2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State

TUE FEB 19, 2002

03:46 PM

FROM: 6144663899

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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

2002 FEB 28 PM 2:3

Expedite this Form: (Select One)

☐ Yes

PO Box 1390

Columbus, OH 43216

\*\*\* Requires an additional fee of \$100 \*\*\*

☒ No

PO Box 670

Columbus, OH 43216

## NAME REGISTRATION

(For Domestic Profit or Non-Profit)  
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

|                                                                                                                      |                                                           |                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| (1) <input checked="" type="checkbox"/> Trade Name<br>(167-RNO)<br>Date of first use <u>11/25/1998</u><br>MM/DD/YYYY | (2) <input type="checkbox"/> Fictitious Name<br>(169-NFO) | (3) Name Reservation<br>(160-NRO)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Renewal Registration No. _____ |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Checker Distributors

The Registrant is (Check Appropriate Box)

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual<br><input type="checkbox"/> Limited Partnership: Reg. No. _____<br><input type="checkbox"/> Ohio Limited Liability Co., Reg. No. _____<br><input checked="" type="checkbox"/> Ohio Corporation, Charter No. <u>412653</u><br><input type="checkbox"/> General Partnership<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____<br><input type="checkbox"/> Unincorporated Association<br><input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The name of the registrant designated above is

Checker Notions Company, Inc.

**NOTE:** Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed on Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

400-B W. Dussel Dr.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Mahoning

(City)

Lucas

(County)

Ohio

(State)

43537

(Zip Code)

TUE FEB 19, 2002

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FROM: 6144663899

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Complete the information in this section if box (1) or (2) is checked Cont.

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

None

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Wholesale Distributors of Notions, Fabrics, Crafts, Quilting, Gifts, Books, and Patterns

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

Must be authenticated by an  
authorized representative

*Julius R. Kuyper* President  
Authorized Representative

2-20-02

Date

*Theresa M. McGee*  
Authorized Representative

2-20-02

Date