



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/09/2002	200234301126	TRADE NAME/ORIGINAL FILING (RNO)	50.00	100.00	.00	.00	.00

Receipt

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

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

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1355883

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

LAKE BALANCE & CALIBRATION SERVICES

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 12/02/2002
Expiration Date: 12/09/2007

Document No(s):

200234301126

LAKE BALANCE COMPANY, INC.
139 UNION STREET
MADISON, OH 44057



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 9th day of December,
A.D. 2002.

J. Kenneth Blackwell
Ohio Secretary of State

TUE DEC 03, 2002

02:50 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)

2002 DEC -9 PM 12:42

www.state.oh.us/sos

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

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/Foreign Profit or Non-Profit)

Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Trade Name (167-RNO) Date of first use <u>12/2/02</u> MM/DD/YYYY	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No. _____
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

DBA Lake Balance & Calibration Services

The Registrant is (Check Appropriate Box)

☐ Individual ☐ Limited Partnership: Reg. No. _____ ☐ Ohio Limited Liability Co., Reg. No. _____ ☐ Ohio Corporation, Charter No. <u>784126</u> ☐ General Partnership ☐ Other _____	☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____ ☐ Unincorporated Association ☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____
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The name of the registrant designated above is

Lake Balance 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 in 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

139 Union Street

(Street)

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

Madison

(City)

Lake

(County)

Ohio

(State)

44057

(Zip Code)

TUE DEC 03, 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)**

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)

Service and calibration of balances, scales, pipettes and weights.

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)

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

Rebecca Griffith Sec/Treas
Authorized Representative

Authorized Representative

12/6/02

Date

Date