



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/22/2003	200329404046	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

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

STEARNS BANK N.A.
4191 SECOND STREET, SOUTH
P.O. BOX 7338
ST. CLOUD, MN 53602

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell**1418066**

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

CULVER'S FROZEN CUSTARD BUTTERBURGERS

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

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 10/20/2008

Document No(s):

200329404046

D & L SALES, LTD.
2100 WEST MAIN STREET
TROY, OH 45373



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 20th day of October, A.D.
2003.

J. Kenneth Blackwell
Ohio Secretary of State



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

Expedite this Form: (Select One)

Mail Form to one of the Following:

- ☐ 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

2003 OCT 20 PM 1 55

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Trade Name (167-RNO) Date of first use _____ 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

Culver's Frozen Custard Butterburgers

The Registrant is (Check Appropriate Box)

- | | |
|---|---|
| ☐ Individual | ☐ Foreign Corporation incorporated in the state of _____ |
| ☐ Limited Partnership: Reg. No. _____ | holding Ohio license no. _____ |
| ☒ Ohio Limited Liability Co., Reg. No. <u>1354479</u> | ☐ Unincorporated Association |
| ☐ Ohio Corporation, Charter No. _____ | ☐ Foreign Limited Liability Co. holding |
| ☐ General Partnership | Ohio Reg. No. _____ |
| ☐ Other _____ | organized in the state of _____ |

The name of the registrant designated above is

D & L Sales, Ltd.

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

2100 West Main Street

(Street)

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

Troy

(City)

Miami

(County)

Ohio

(State)

45373

(Zip Code)

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

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

Fast Food Restaurant

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

David Potts

Authorized Representative

October 9, 2003

Date _____

Authorized Representative

Date _____