DOC ID ----> 200400601186

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/06/2004	200400601186	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

BRY-AIR, INC.
10793 ST. RT. 37 W.
SUNBURY, OH 43074

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1069465

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

BRY-AIR SYSTEMS

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**200400601186**

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 22nd day of December, A.D. 2003.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200400601186

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

2003 DEC 22 AM 10:05

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1069465**

2. The trade name to be renewed is:
   BRY-AIR SYSTEMS

3. The date of original registration is: **April/ 5/1999**

4. The applicant is: (check appropiate item)
   - ___ an individual
   - X an Ohio corporation, Charter Number: 329167
   - ___ 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:
   Bry-Air, 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:
   10793 State Route 37 West
   (Street address only, P.O. Box not acceptable)

Sunbury	Delaware	Ohio	43074
(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: _____ 12/19