



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/03/2004	200415403248	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

TRI-STATE ICE COMPANY
83 EDGINGTON LANE
WHEELING, WV 26003

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1467609

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

TRI-STATE ICE COMPANY

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 05/18/2004
Expiration Date: 05/27/2009

Document No(s):

200415403248

THE HOME CITY ICE COMPANY
5709 HARRISON AVENUE
CINCINNATI, OH 45248



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 27th day of May, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State

May.18. 2004 4:53PM Herndon Law Firm 304 243 0890

No. 2219 P. 4

Prescribed by **J. Kenneth Blackwell**Ohio Secretary of State
Central Office (614) 466-3970

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)

☐ YesPO Box 1390
Columbus, OH 43216

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

☒ NoPO 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>5/18/2004</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

TRI-STATE ICE COMPANY

The Registrant is (Check Appropriate Box)

☐ Individual ☐ Limited Partnership: Reg. No. _____ ☐ Ohio Limited Liability Co., Reg. No. _____ ☒ Ohio Corporation, Charter No. <u>210991</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

THE HOME CITY ICE COMPANY

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

5709 HARRISON AVENUE

(Street)

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

CINCINNATI

(City)

HAMILTON

(County)

OHIO

(State)

45248

(Zip Code)

May.18. 2004 4:53PM Herndon Law Firm 304 243 0890

No.2219 P. 5

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)

MANUFACTURING AND DELIVERY OF ICE AND ALL OTHER ACTIVITIES PERMITTED BY LAW**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)

Thomas E. Sellar
Authorized Representative5-20-04

Date

Authorized Representative

Date



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

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

☒ Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of ☐ Trade Name ☐ Service Mark ☐ Trade Mark (149-CSN)	Where consenting entity is a ☐ Limited Liability Company ☐ Limited Partnership ☐ Partnership Having Limited Liability (148-CSL)
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☐ Check here if additional provisions are attached

Charter or Registration No.
of Entity Giving Consent

1134305

Name of Entity
Giving Consent

TRI-STATE ICE COMPANY

Gives Its Consent To

THE HOME CITY ICE COMPANY

To Use The Name

TRI-STATE ICE COMPANY

REQUIRED

Must be authenticated
(signed) by an authorized
representative

Shirley M. Blackwell President
Authorized Representative

5/25/04
Date

Authorized Representative

Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.