DOC ID ----> 200536102842

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/28/2005	200536102842	TRADE NAME/ORIGINAL FILING (RNO)	50.00	100.00	.00	.00	.00

Receipt

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

RELIABLE CONTRACTORS, INC.
94 COMPARK RD STE 200
CENTERVILLE, OH 45459

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1589170

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

RAVE-RELIABLE AUDIO VIDEO AND ELECTRONICS

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

Document(s)	Document No(s):
TRADE NAME/ORIGINAL FILING	**200536102842**

Date of First Use: 12/01/2005
Expiration Date: 12/27/2010

RELIABLE CONTRACTORS, INC.
36 COMPARK RD
CENTERVILLE, OH 45459

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 December, A.D. 2005.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200536102842

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:	
X Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
O 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) X Trade Name (167-RNO) Date of first use 12/01/05 MM/DD/YYYY	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No.

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

The exact name being registered or reported is RAVE - RELIABLE AUDIO VIDEO AND ELECTRONICS

The Registrant is (Check Appropriate Box)

- ☐ Individual
- ☐ Limited Partnership: Reg. No. _____
- ☐ Ohio Limited Liability Co., Reg. No. _____
- X Ohio Corporation, Charter No. 1031817
- ☐ 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 _____

The name of the registrant designated above is RELIABLE CONTRACTORS, 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

94 COMPARK RD
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Centerville *(City)* | MONTGOMERY *(County)* | OHIO *(State)* | 45459 *(Zip Code)*

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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)

DESIGN AND INSTALLATION OF RESIDENTIAL AND COMMERCIAL AVDIO AND VIDEO PRODUCTS.

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)**

Authorized Representative	Date
	12/16/05

Authorized Representative	Date