



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/01/2006	200603103974	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

REVILLE TIRE CO INC
8044 OLDE EIGHT RD
POB 345
NORTHFIELD, OH 44067

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**RN91963**

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

REVILLE WHOLESALE DISTRIBUTING

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

200603103974

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 25th day of January, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State



J. Kenneth Blackwell, Secretary of State
 30 East Broad Street
 Lower Level
 Columbus, Ohio 43215

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN91963**
2. The trade name to be renewed is:
REVILLE WHOLESALE DISTRIBUTING
3. The date of original registration is: **May 6, 1986**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☒ an Ohio corporation, Charter Number: 418558
 - ☐ 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: _____
 - ☐ a Professional association
 - ☐ an association
 - ☐ a Society, Foundation, Federation or other organization

5. The name of the applicant designated in item 4 is:

REVILLE TRAE CO.

(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:

8044 OLIVE ST.

(Street address only, P.O. Box not acceptable)

North Bedford
 (City, Village or Township)

(County)

OH
 (State)

44007
 (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 applicant.

By: [Signature]