



|            |              |                          |        |       |         |      |      |
|------------|--------------|--------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION              | FILING | EXPED | PENALTY | CERT | COPY |
| 09/05/2006 | 200624402000 | TRADE NAME RENEWAL (RNR) | 25.00  | 00    | 00      | 00   | .00  |

**Receipt**

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

LAKE BALANCE COMPANY INC.  
P O BOX 215  
MADISON, OH 44057

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

RN224709

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

**LAKE BALANCE COMPANY, INC.**

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

Document(s)

**TRADE NAME RENEWAL**

Document No(s):

**200624402000**



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 1st day of September,  
A.D. 2006.

*J. Kenneth Blackwell*  
Ohio Secretary of State



J. Kenneth Blackwell, Secretary of State

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

## RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN224709**

2. The trade name to be renewed is:  
**LAKE BALANCE COMPANY, INC.**

3. The date of original registration is: **November 8, 1996**

4. The applicant is: (check appropriate item)

☐ an individual

☒ an Ohio corporation, Charter Number: 784126

☐ 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:

Lake Balance Company 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:

139 Union Street

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

Madison

Lake

Ohio

44057

(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 applicant.

By:

Rebecca Griffith

Sec/Treas

8-30-06

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