DOC ID ----> 200704701584

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/16/2007	200704701584	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

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

HEARD MANAGEMENT
PO BOX 26384
TROTWOOD, OH 45426

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1678690

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

HEARD MANAGEMENT

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

Document(s)

FICTITIOUS NAME/ORIGINAL FILING
Expiration Date: 02/08/2012

Document No(s):

200704701584

ADRIENNE L. HEARD
5360 NORTHFORD ROAD
TROTWOOD, OH 45426

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 8th day of February, A.D. 2007.

Ohio Secretary of State

DOC ID ----> 200704701584

Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

○ Yes — PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

● No — PO Box 670, Columbus, OH 43216

2007 FEB -8 AM 11:06

NAME REGISTRATION

(For Domestic/Foreign Profit or Nonprofit)
Filing Fee $50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Trade Name (167-RNO) Date of first use ____ 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 Heard Management

The Registrant is (Check Appropriate Box)

☑ Individual
☐ Limited Partnership: Reg. No. ____
☐ Ohio Limited Liability Co., Reg. No. ____
☐ Ohio Corporation, Charter No. ____
☐ 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

Adrienne L. Heard

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

5360 Northford Road
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Trotwood *(City)* | Montgomery *(County)* | Ohio *(State)* | 45426 *(Zip Code)*

DOC ID ----> 200704701584

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)

Management Consultant

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)**

Adrienne K. Heard
Authorized Representative

2/06/07
Date

Authorized Representative

Date