DOC ID ----> 200805101354

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/21/2008	200805101354	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

LORAD LLC
15752 INDUSTRIAL PKWY
CLEVELAND, OH 44135

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1759029

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

UNISTRUT SERVICE COMPANY OF OHIO LTD.

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 06/15/1992
Expiration Date: 02/11/2013

Document No(s):

200805101354

LORAD, LLC
407 ARMOUR RD
AVON LAKE, OH 44012

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 11th day of February, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200805101354

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)

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

○ No — PO Box 670, Columbus, OH 43216

NAME REGISTRATION

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

2008 FEB 11 AM 11:02

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☑ Trade Name (167-RNO)	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO)
Date of first use 6-15-92 * MM/DD/YYYY		☐ Original ☐ Renewal Registration No.

* by business that assigned the name to us when we bought certain of their assets on 1/31/07.

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

The exact name being registered or reported is Unistrut Service Company of Ohio Ltd.

The Registrant is (Check Appropriate Box)

- ☐ Individual
- ☐ Limited Partnership: Reg. No. _____
- ☒ Ohio Limited Liability Co., Reg. No. 1663222
- ☐ 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
Lorad LLC

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
407 Armour Rd
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Avon Lake	Lorain	Ohio	44012
(City)	*(County)*	*(State)*	*(Zip Code)*

DOC ID ----> 200805101354

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)

Distribution of structural framing systems

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)**

Manager
Authorized Representative

2/7/08
Date

Authorized Representative

Date