DOC ID ----> 200812102140

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/01/2008	200812102140	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

KEATING, MUETHING & KLEKAMP, PLL
1 EAST 4TH ST
STE. 1400
CINCINNATI, OH 45202

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1777238

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

JETER SYSTEMS

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/01/2008
Expiration Date: 04/29/2013

Document No(s):

200812102140

TAB PRODUCTS CO. LLC
605 FOURTH ST.
MAYVILLE, WI 53050

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 29th day of April, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200812102140

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

2008 APR 22 AM 9:52

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 01/01/2008 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 Jeter Systems

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. 1368675 organized in the state of Delaware

The name of the registrant designated above is

Tab Products Co. 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

605 Fourth Street
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Mayville	Dodge	Wisconsin	53050
(City)	*(County)*	*(State)*	*(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)

TAB offers a comprehensive range of services and products for organizing, accessing and managing records in hard copy or digital formats, including a wide range of end tab file folders, high density mobile and static shelving, document management software, and professional and consulting services.

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
	4/10/08

Authorized Representative	Date