DOC ID ----> 200812201652

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/02/2008	200812201652	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

TREE KING TREE SERVICES, INC.
PO BOX 1328
PATASKALA, OH 3062

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1403792

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

TREE KING TREE SERVICE

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**200812201652**

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 30th day of April, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200812201652

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

RECEIVED
APR 30 2008
SECRETARY OF STATE

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1403792**

2. The trade name to be renewed is:
   TREE KING TREE SERVICE

3. The date of original registration is: **August 6, 2003**

4. The applicant is: (check appropiate item)
   - ___ an individual
   - ✓ an Ohio corporation, Charter Number: 1576327
   - ___ 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

2008 APR 21 PM 12:45

5. The name of the applicant designated in item 4 is:
   Tree King Tree Services 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:
   9354 Mink Road
   (Street address only, P.O. Box not acceptable)
   Pataskala, Licking, OH, 43062.
   (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: _____