



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/14/2008	200822601900	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00	.00	.00	.00

Receipt

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

CULVER'S OF TROY
2100 W. MAIN STREET
TROY, OH 45373

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1418066

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

CULVER'S FROZEN CUSTARD BUTTERBURGERS

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

Document(s)

FICTITIOUS NAME RENEWAL

Document No(s):

200822601900



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 7th day of August, A.D.
2008.

Ohio Secretary of State



Ohio Secretary of State

Central Ohio: (614) 466-3910

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

RENEWAL OF FICTITIOUS NAME REPORT

1. The Registration Number to be renewed is: **1418066**
2. The fictitious name to be renewed is:
CULVER'S FROZEN CUSTARD BUTTERBURGERS
3. The date of original registration is: **October 20, 2003**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☐ an Ohio corporation, Charter Number: _____
 - ☐ a foreign corporation, incorporated in the state of: _____
 - ☐ a General Partnership
 - ☒ a Limited Liability Company **1354479**
 - ☐ 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:

David N. Ross **D & L Sales, Ltd.**

(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:

2100 West Main St.

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

Troy

(City, Village or Township)

Miami

(County)

OHIO

(State)

45373

(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: _____

[Signature]

2008 JUL 10 10:10 AM