



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/29/2008	200824102386	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00	.00	.00	.00

Receipt

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

PROFESSIONAL PLUMBING SERVICES, INC.
3570 OLD WHEELING ROAD
ZANESVILLE, OH 43701

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

FN24591

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

PROFESSIONAL PLUMBING SERVICES, INC.

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

Document(s)

FICTITIOUS NAME RENEWAL

Document No(s):

200824102386



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 25th 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

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AUG 25 2008

SECRETARY OF STATE

1. The Registration Number to be renewed is: **FN24591**
2. The fictitious name to be renewed is:
PROFESSIONAL PLUMBING SERVICES, INC.
3. The date of original registration is: **December 15, 1983**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☒ an Ohio corporation, Charter Number: 622668
 - ☐ 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

5. The name of the applicant designated in item 4 is:

PROFESSIONAL PLUMBING 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:

3570 OLD WHEELING ROAD

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

ZANESVILLE, MUSKINGUM, OHIO, 43701-9684
 (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: Michael L. Burkhardt 08/20/2008
 Michael L. Burkhardt, President