DOC ID ----> 200909759312

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

4/7/2009

RE: POUR VOUS
REGISTRATION NO: RN124479
ORIGINAL DATE: August 7,1989

CAROL JUNIEWICZ
19635 RIVERVIEW AVE
ROCKY RIVER, OH 44116

Dear Sir or Madam:

Please be advised that pursuant to Ohio Revised Code Section 1329.04, the above referenced trade name registration is due to expire. Renewal of the registration for another five (5) year term is available. A renewal form has been enclosed for your convenience.

Please recognize that if not renewed, the registration will be cancelled from our records. If renewal is desired, please complete the enclosed renewal form, and forward the same, together with a filing fee of twenty-five dollars ($25.00) to the **Secretary of State's office, P.O. Box 788, Columbus, Ohio 43216-0788.**

If you have questions regarding this notice, please contact our Customer Service Area at (614) 466-3910 or (toll free) 1-877-SOS-FILE. You may also email our Customer Service area at BusServ@sos.state.oh.us or visit our web site at www.sos.state.oh.us to contact us or review your corporate records.

If you have already submitted your renewal, please disregard this notice.

Sincerely,

Jennifer Brunner
Secretary of State

Enclosures

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RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN124479**

2. The trade name to be renewed is:
   POUR VOUS

3. The date of original registration is: **August 7, 1989**

4. The applicant is: (check appropiate item)
   __ an individual
   __ an Ohio corporation, Charter Number: _____
   __ 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:

   _____
   (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:

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

   _____, _____, _____, _____.
   (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: _____