DOC ID ----> 201001200716

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/13/2010	201001200716	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

EVANS AUTO REPAIR
1550 N. 4TH ST.
COLUMBUS, OH 43201

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1906599

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

EVANS AUTO REPAIR

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

Document(s):

TRADE NAME/ORIGINAL FILING

Date of First Use: 04/09/1990
Expiration Date: 01/06/2015

Document No(s):

201001200716

DAVE EVANS
1550 NORTH FOURTH ST.
COLUMBUS, OH 43201

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 6th day of January, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201001200716

Form 534A Prescribed by the:
Ohio Secretary of State

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

○ Expedite — PO Box 1390, Columbus, OH 43216

*** Requires an additional fee of $100 ***

☒ Non Expedite — PO Box 670, Columbus, OH 43216

NAME REGISTRATION
Filing Fee $50

2010 JAN -6 PM 12:37

(CHECK ONLY ONE (1) BOX)

☒ Trade Name (167-RNO) Date of first use: April 9, 1990	☐ Fictitious Name (169-NFO)

Name being registered or reported: Evans' Auto Repair

Name of the Registrant: Dave Evans

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

☒ Individual

☐ Partnership
Registration # , if any _____

☐ Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____

☐ Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____

☐ Limited Liability Company
Registration # _____
If foreign, Jurisdiction of Formation _____

☐ Ohio Corporation
Charter # _____

☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____

☐ Unincorporated Association

☐ Professional Association

☐ Other

All registrants must complete the information in this section

Business address: 1550 north Fourth Street
Mailing Address

Columbus OH 43201
City State Zip Code

The general nature of the business conducted by the registrant:
Auto repair

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign 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 provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by the registrant or an authorized representative

David E. Evans
Signature

1/4/2010
Date

DAVID E. EVANS
Print Name

Signature

Date

Print Name