DOC ID ----> 201026700532

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/27/2010	201026700532	TRADE NAME RENEWAL (RNR)	25.00	.00		.00	.00

Receipt

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

NUWAVE TECHNOLOGY, INC.
3259 STATE ROUTE 219
COLDWATER, OH 45828

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1592791

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

NUWAVE TECHNOLOGY

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

Document(s)
TRADE NAME RENEWAL

Document No(s):
201026700532

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 23rd day of September, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201026700532

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

RECEIVED
SEP 23 2010
SECRETARY OF STATE

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1592791**

2. The trade name to be renewed is:
   NUWAVE TECHNOLOGY

3. The date of original registration is: **January 6, 2006**

4. The applicant is: (check appropriate item)
   - ___ an individual
   - X an Ohio corporation, Charter Number: CP0003012
   - ___ 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:

   Nuwave Technology 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:

   3259 SR 219
   (Street address only, P.O. Box not acceptable)

   Coldwater, Mercer, OH, 45828.
   (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: Kimberly Ingley Director