



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

1/19/2011

RE: ERIC TOLBERT & ASSOCIATES, A FINANCIAL ADVISORY PRACTICE OF AMERIPRISE FINANCIAL SERVICE  
REGISTRATION NO: 1624579  
ORIGINAL DATE: May 19, 2006

ERIC TOLBERT  
THE HANNA BUILDING, SUITE 956  
1422 EUCLID AVENUE  
CLEVELAND, OH 44115

Dear Sir or Madam:

Please be advised that pursuant to Ohio Revised Code Section 1329.04, the above referenced fictitious 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](mailto:BusServ@sos.state.oh.us) or visit our web site at [www.sos.state.oh.us](http://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,

A handwritten signature in black ink that reads "Jon Husted".

Jon Husted  
Secretary of State

Enclosures



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## RENEWAL OF FICTITIOUS NAME REPORT

1. The Registration Number to be renewed is: **1624579**
2. The fictitious name to be renewed is:  
**ERIC TOLBERT & ASSOCIATES, A FINANCIAL ADVISORY PRACTICE OF AMERIPRISE FINANCIAL SERVICES**
3. The date of original registration is: **May 19, 2006**
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
  - ☐ 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: \_\_\_\_\_