



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/31/2011	201102800861	TRADE NAME RENEWAL (RNR)	25.00	.00		.00	.00

Receipt

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

REVILLE WHOLESALE DISTRIBUTING
8044 OLDE EIGHT ROAD
PO BOX 345
NORTHFIELD, OH 44067

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**RN91963**

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

REVILLE WHOLESALE DISTRIBUTING

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

Document(s):

TRADE NAME RENEWAL

Document No(s):

201102800861

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 27th day of January, A.D.
2011.

Ohio Secretary of State



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

RECEIVED

JAN 27 2011

RENEWAL OF TRADE NAME REGISTRATION SECRETARY OF STATE

1. The Registration Number to be renewed is: **RN91963**
2. The trade name to be renewed is:
REVILLE WHOLESALE DISTRIBUTING
3. The date of original registration is: **May 6, 1986**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☒ an Ohio corporation, Charter Number: 418558
 - ☐ 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:

Reville Tire Co.

(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:

8044 Olde Eight Rd North

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

Northfield Summit Ohio 44067
(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: Mary Dorothy Reville, Treasurer