



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/07/2011	201106300495	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

MRS TAMALA BALLOU
15 TOWNSHIP ROAD 580
WEST SALEM, OH 44287

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2002051**

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

OUR FATHER'S FARM

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/01/2011
Expiration Date: 03/02/2016

Document No(s):

201106300495

TAMALA A. BALLOU
15 TOWNSHIP RD. 580
WEST SALEM, OH 44287



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 2nd day of March, A.D.
2011.

Ohio Secretary of State



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

RECEIVED

NAME REGISTRATION
Filing Fee \$50

MAR 02 2011

(CHECK ONLY ONE (1) BOX)

☒ Trade Name (167-RNO) Date of first use: <u>01/01/2011</u>	☐ Fictitious Name (169-NFO)
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SECRETARY OF STATE

Name being registered or reported: Our Father's Farm

Name of the Registrant: Tamala A. Ballou

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 | ☐ Unincorporated Association |
| ☐ Partnership
Registration # , if any _____ | ☐ Professional Association |
| ☐ Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____ | ☒ Other |
| ☐ 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 _____ | |

All registrants must complete the information in this section

Business address:

15 Township Rd. 580Mailing AddressWest SalemOh44287CityStateZip Code

The general nature of the business conducted by the registrant:

Hobby Farm products and related crafts**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

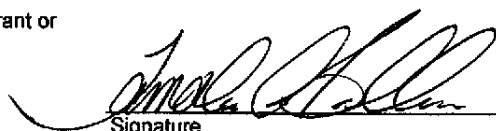
Address

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


SignatureTamala A. BallouPrint Name02/28/2011DateSignatureDatePrint Name