



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/12/2011	201113200270	TRADE NAME/ASSIGNMENT (RNA)	25.00	.00		.00	.00

Receipt

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

STEVE AND PENNY CHURCH
5630 TWP RD 179
CARDINGTON, OH 43315

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1996212**

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

GOOD FELLA'Z PIZZERIA

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

Document(s)

Document No(s):

TRADE NAME/ASSIGNMENT**201113200270**

Expiration Date: 02/07/2016

GOOD FELLA'Z LLC
5630 TWP RD 179
CARDINGTON, OH 43315



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 11th day of May, A.D.
2011.

Ohio Secretary of State

From: Ohio Secretary of State

To: 14197683307

Page: 2/4

Date: 5/6/2011 8:19:37 AM



Prescribed by:

The Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ Yes

PO Box 1390

Columbus, OH 43216

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

☒ No

PO Box 788

Columbus, OH 43216

NAME REGISTRATION UPDATE

(For Domestic or Foreign, Profit or Nonprofit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

(1) ☒ Assignment of Registered Name Registration No. <u>1996212</u> (116-RNA)	(2) ☐ Name Reservation Transfer Registration No. _____ (185-NRT)
(3) ☐ Change of Address only for Registered Name Registration No. _____ (176-RNB)	(4) ☐ Cancellation of Registration Registration No. _____ (184-RNX)

☐ Fictitious Name☒ Trade Name

Check The Appropriate Box

☐ Mark of Ownership☐ Trademark☐ Service MarkName of Entity
or Description of Mark

Good Fella's Pizzeria

1996212

Name of Current Owner

Jeff Crocker

Complete the information in this section if box (3) is checked.

New Business Address

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

(State)

(Zip Code)

Complete the information in this section if box (1) or (2) is checked.

Are you assigning this name?

☒ Yes☐ NoNew Registrant's Name
& Address

Good Fella's LLC

(Name)

5630 Twp Rd 179

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cardington

(City)

Morrow

(County)

OH

(State)

43315

(Zip Code)

Registration No.

2018104

Complete the information in this section if box (4) is checked.

Are you canceling this name?

☐ Yes☒ No

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Page: 3/4

Date: 5/6/2011 8:19:37 AM

Complete the information in this section if box (1) is checked.

Please indicate the assignment of the good will of the business as follows:

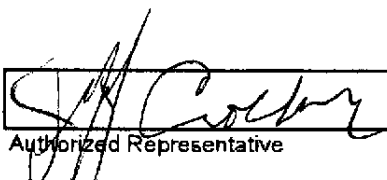
☒ For the amount of \$ 1.00 and for other Good and Valuable Consideration, the receipt of which is hereby acknowledged, ASSIGNOR does hereby assign unto said ASSIGNEE the entire right, title and interest in and to the above-listed mark and registration granted therefrom, and in and to the goodwill of the business in connection with which said mark is used, the same to be held and enjoyed by said ASSIGNEE for its own use and benefit, and for the use and benefit of its successors, assigns or other legal representatives, as fully and entirely as the same would have been held and enjoyed by said ASSIGNOR, if this assignment had not been made.

☐ If the goodwill of the business associated with this mark is NOT ASSIGNED

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

*


Authorized Representative

5/9/2011
Date