DOC ID ----> 201128411241

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

10/11/2011

RE: HEARD MANAGEMENT
REGISTRATION NO: 1678690
ORIGINAL DATE: February 8, 2007

ADRIENNE L. HEARD
5360 NORTHFORD ROAD
TROTWOOD, OH 45426

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 or visit our web site at 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,

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: **1678690**

2. The fictitious name to be renewed is:
   HEARD MANAGEMENT

3. The date of original registration is: **February 8, 2007**

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 appplicant.

By: _____