DOC ID ----> 201134201371

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/09/2011	201134201371	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00		.00	.00

Receipt

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

A. L. HEARD
P.O. BOX 26384
TROTWOOD, OH 45426

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1678690

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

HEARD MANAGEMENT

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

Document(s)	Document No(s):
FICTITIOUS NAME RENEWAL	**201134201371**

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 6th day of December, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201134201371

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

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DEC 06 2011
SECRETARY OF STATE

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:
   Adrienne L. Heard
   (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:
   5360 Northford Road,
   (Street address only, P.O. Box not acceptable)
   Trotwood (City, Village or Township), Montgomery (County), OH (State), 45426 (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: Adrienne L. Heard