DOC ID ----> 201236681915

JON HUSTED
OHIO SECRETARY OF STATE
180 East Broad Street, 16th Floor | Columbus, Ohio 43215
Tel: (877) 767-6446 | Fax: (614) 644-0649 | *www.OhioSecretaryofState.gov*

12/31/2012

RE: JETER SYSTEMS
REGISTRATION NO: 1777238
ORIGINAL DATE: April 29,2008

TAB PRODUCTS CO. LLC
605 FOURTH ST.
MAYVILLE, WI 53050

Dear Sir or Madam:

Please be advised that pursuant to Ohio Revised Code Section 1329.04, the above referenced trade 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@ohiosecretaryofstate.gov or visit our web site at www.ohiosecretaryofstate.gov to contact us or review your corporate records.

If you have already submitted your renewal, please disregard this notice.

Sincerely,

Jon Husted
Secretary of State

Enclosures

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RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1777238**

2. The trade name to be renewed is:
   JETER SYSTEMS

3. 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

4. The name of the applicant designated in item 3 is:

   _____
   (Note: When the applicant is a partnership, the name of the partnership must appear on this line)

5. Complete only if applicant is a partnership and has not filed a statement of partnership authority:

Names of All General Partners	Complete Residence Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This document is signed by an authorized representative of the registrant.

By: _____