DOC ID ----> 201514901300

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|---|---|---|---|---|---|---|---|
| 06/01/2015 | 201514901300 | TRADE NAME REGISTRATION (RNO) | 50.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

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

STABLE STEP LLC
JOHN WEISEND
961 SEVILLE RD.
WADSWORTH, OH 44281

# STATE OF OHIO
## CERTIFICATE
### Ohio Secretary of State, Jon Husted
**2397786**

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

**POWERSTEP**

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

Document(s)
**TRADE NAME REGISTRATION**

Document No(s):
**201514901300**

**Effective Date: 05/27/2015**

Date of First Use: 04/23/2010

Expiration Date: 05/27/2020

STABLE STEP LLC
961 SEVILLE RD.
WADSWORTH, OH 44281

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 1st day of June, A.D. 2015.

Jon Husted
**Ohio Secretary of State**

DOC ID ----> 201514901300

Form 534A Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

**Mail this form to one of the following:**

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing **(Two business day processing time. Requires an additional $100.00)**
P.O. Box 1390
Columbus, OH 43216

# Name Registration
## Filing Fee: $50

2015 MAY 27 AM 10:44

**CHECK ONLY ONE (1) Box**

☒ Trade Name
(167-RNO)

Date of first use: 04/23/2010
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

POWERSTEP
Name being Registered or Reported

STABLE STEP LLC
Name of the Registrant

**Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.**

Registrant's Entity Number (if registered with Ohio Secretary of State): 1927057

**All registrants must complete the information in this section**

The general nature of business conducted by the registrant:

Orthopedic Insole Distributor

Business address:

961 Seville Road
Mailing Address

Wadsworth
City

Ohio
State

44281
Zip Code

**Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.**

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/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company 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**
Application must be signed by the registrant or an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.


Signature

By (if applicable)

John Weisend
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.