DOC ID ----> 201624502690

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/02/2016	201624502690	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00	0.00

Receipt

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

BLACKHAWK MACHINE LLC
CHRIS R. FELIX
P O BOX 426
WALBRIDGE, OH 43465

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

3935829

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

ECO-DRAIN SYSTEM

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

Document(s)	Document No(s):
FICTITIOUS NAME REGISTRATION	**201624502690**

Effective Date: 08/25/2016

BLACKHAWK TOOL AND MACHINE, LLC
300 WARNER STREET
WALBRIDGE, OH 43465

Expiration Date: 08/25/2021

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 2nd day of September, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201624502690

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: $39

Form Must Be Typed

2016 AUG 25 AM 8:00

CHECK ONLY ONE (1) Box

☐ Trade Name
(167-RNO)

Date of first use: _____
MM/DD/YYYY

☒ Fictitious Name
(169-NFO)

Eco-Drain System
Name being Registered or Reported

Blackhawk Tool and Machine, 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): 1956103

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Distributor of all-natural drain products

Business address:

300 Warner Street
Mailing Address

Walbridge
City

Ohio
State

43465
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

CoB
By (if applicable)

Michael A. Sapara
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.