



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
03/31/2017	201708903830	TRADE NAME RENEWAL (RNR)	25.00	0.00	0.00	0.00	0.00

Receipt

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

ORANGE FRAZER PRESS
P.O. BOX 214
WILMINGTON, OH 45177

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

RN102036

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

ORANGE FRAZER PRESS

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

201708903830

Effective Date: 03/30/2017



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
31st day of March, A.D. 2017.

Ohio Secretary of State



**Form 523 Prescribed by the:
Ohio Secretary of State**

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)

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

☐ Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ Non Expedite PO Box 1329
Columbus, OH 43216

RENEWAL
Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

☒ Renewal of Trade Name (172-RNR) Reg. No. <u>RN102036</u>	☐ Renewal of Fictitious Name (159-NFR) Reg. No. _____	☐ Renewal of Service Mark or Trademark (166-TSMR) Reg. No. _____
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Name or Description of Mark to be Renewed	<u>Orange Frazer Press</u>
Name of Applicant Renewing Name or Mark	<u>Orange Frazer Press Inc</u>

Applicant is a(n):

(Check only one (1) box)

☐ Partnership
Registration # , if any _____

☐ Limited Partnership
Registration # _____

If Foreign, Jurisdiction of Formation _____

☐ Limited Liability Partnership
Registration # _____

If Foreign, Jurisdiction of Formation _____

☐ Limited Liability Company
Registration # _____

If Foreign, Jurisdiction of Formation _____

☒ Ohio Corporation
Charter # 706013

☐ Foreign Corporation
Ohio License # _____

Jurisdiction of Formation _____

☐ Individual
☐ Unincorporated Association
☐ Professional Association
☐ Other

2017 MAR -3 AM 11:26

2017 MAR 30 AM 11:38

2017 MAR 16 PM 2:03

All applicants must complete the information in this section**Business Address**

37 1/2 West Main Street, P.O. Box 214

Mailing Address

Wilmington

OH

45177

City

State

Zip Code

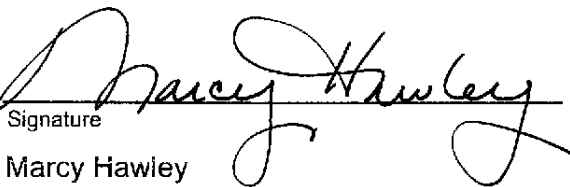
Complete if the applicant is a partnership and has not filed a statement under Ohio Revised Code Chapter 1776 or a partner listed on the original application ceases to be partner

Provide the name and address of at least one general partner

Name**Address****For renewal of service mark or trademark only**

The trademark or service mark is still in use in Ohio and a specimen of the mark as actually used is attached to this form.

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.

REQUIREDMust be authenticated (**signed**)
by an authorized representative
(See Instructions)


Signature

Marcy Hawley

Print Name

3/1/2017

Date



Signature

John Baskin

Print Name

3/1/2017

Date