DOC ID ----> 201735501476

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/27/2017	201735501476	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

LENSMAN & ASSOCIATES, LTD.
4571 STEPHEN CIRCLE NW, SUITE 200
CANTON, OH 44718

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
4113867

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

FABER PUMP & EQUIPMENT

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**201735501476**

Effective Date: 12/21/2017

Date of First Use: 02/25/2014

Expiration Date: 12/21/2022

PUMP SYSTEMS, LLC
2246 PORT CENTRE
MEDINA, OH 44256

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 27th day of December, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201735501476

Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 12/21/2017

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*

For screen readers, follow instructions located at this path.

Name Registration

Filing Fee: $39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☑ Trade Name (167-RNO) Date of first use: 2/25/2014 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

FABER PUMP & EQUIPMENT
Name being Registered or Reported

PUMP SYSTEMS, 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): 2181636

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

The distribution and sales, service, and repair of water and wastewater equipment.

Business address:

2246 PORT CENTRE
Mailing Address

MEDINA
City

OH
State

44256
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.

TODD A. LENSMAN
Signature

By (if applicable)

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.