DOC ID ----> 201920200482

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/22/2019	201920200482	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

DOUG CALLAHAN
5715 CANAL ROAD
CLEVELAND, OH 44256

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4360357

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

AKRON ISUZU TRUCKS

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**201920200482**

Effective Date: 07/21/2019

Date of First Use: 07/19/2019

Expiration Date: 07/21/2024

AKRON FREIGHTLINER INC
9680 SWEET VALLEY DR
CLEVELAND, OH 44125

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 22nd day of July, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201920200482

Form 534A Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Date Electronically Filed: 7/21/2019

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

Name Registration

Filing Fee: $39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☑ Trade Name (167-RNO) Date of first use: 7/19/2019 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

AKRON ISUZU TRUCKS

Name being Registered or Reported

AKRON FREIGHTLINER INC

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): 4258049

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Commercial Truck Dealership

Business address:

9680 SWEET VALLEY DR

Mailing Address

CLEVELAND

City

OH

State

44125

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.

BRIAN E ODONNELL
Signature

BRIAN E ODONNELL
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.

DOC ID ----> 201920200482

Form 590 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)
Form Must Be Typed

Name of Entity/Individual Giving Consent	Valley Truck Centers, Inc
Charter/Registration/License Number of Entity giving Consent	2248750
Gives it Consent To	Akron Freightliner, Inc
To Use The Name	Akron Isuzu Trucks

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

Consent form must be signed by an authorized representative of the consenting entity.

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

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.

Signature

By (if applicable)

DOUG CALLAHAN, CFO
Print Name

Signature

By (if applicable)

Print Name