DOC ID ----> 202303003112

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/30/2023	202303003112	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

BAILEY CAVALIERI
10 W. BROAD STREET
STE. 2100
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4991168

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

NIKOLA LABS

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**202303003112**

Effective Date: 01/30/2023

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 30th day of January, A.D. 2023.

Ohio Secretary of State

DOC ID ----> 202303003112

Form 534A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 1/30/2023

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Name Registration

Filing Fee: $39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☑ Trade Name (167-RNO) Date of first use: 1/23/2023 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

Nikola Labs

Name being Registered or Reported

ASSETWATCH, 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): 2436350

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Condition monitoring and predictive maintenance services.

Business address:

60 COLLEGEVIEW RD.

Mailing Address

WESTERVILLE

City

OH

State

43081

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.

ASSETWATCH, INC.
Signature

BRIAN GRAHAM, CHIEF EXECUTIVE OFFICER
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.

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

Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name):*

To the Attention of *(if necessary):*

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

☐ Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.

☐ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

○ **Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.

○ **Expedite Service 1:** By including an Expedite fee of $100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

○ **Expedite Service 2:** By including an Expedite fee of $200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

○ **Expedite Service 3:** By including an Expedite fee of $300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

○ **Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of $50.00. The Preclearance will be complete within 1-2 business days.

DOC ID ----> 202303003112

Form 534A 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

For screen readers, follow instructions located at this path.

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

CHECK ONLY ONE (1) Box

☒ Trade Name (167-RNO) Date of first use: 01/23/2023 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

Nikola Labs
Name being Registered or Reported

AssetWatch, 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): 2436350

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Condition monitoring and predictive maintenance services.

Business address:

60 Collegeview Road
Mailing Address

Westerville
City

Ohio
State

43081
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)

Brian Graham, Chief Executive Officer
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.

Instructions for Name Registration

This form should be used to register a trade name or report the use of a fictitious name.

To register a trade name, please select box 1. Pursuant to Ohio Revised Code §1329.01(B)(4), please provide the date on which the registrant first used the trade name, which must be prior to the date of filing. Examples of "use" include opening a business account in the trade name, placing the trade name on products, advertisements using the trade name or business cards and letterhead.

To report the use of a fictitious name, please select box 2. Pursuant to Ohio Revised Code §1329.01(D), any person who does business under a fictitious name not registered as a trade name must report the use of that name to the Secretary of State.

A trade name is a name used in business or trade to designate the business of the user and to which the user asserts a right to exclusive use. A trade name must be distinguishable upon the record from other previously registered business names. See our Name Availability Guide at www.OhioSecretaryofState.gov, for more information regarding name requirements and restrictions.

A fictitious name is a name used in business or trade that the user has not registered as a trade name or is not entitled to register as a trade name. Registration of a fictitious name does not give the user any exclusive right to use the name.

Name Being Registered or Reported
State the trade name or fictitious name to be registered or reported. Pursuant to Ohio Revised Code §1329.02 a trade name cannot indicate or imply that the registrant is incorporated unless the registrant is incorporated. Specifically, only a corporation can file a trade name which includes entity words such as: "company," "co.," "corporation," "corp.," incorporated," or "inc."

Registrant Information
State the name of the registrant on the line provided. If the registrant is a foreign corporation licensed in Ohio under an assumed name, the assumed name must be provided as well as the corporation's name as registered in the jurisdiction of formation. If the entity is registered with our office, it must provide the charter/registration/ license number.

Provide the complete business address of the registrant. Also, please provide the general nature of business conducted by the registrant.

Information if Registrant is a General Partnership
Pursuant to Ohio Revised Code § 1329.01(B)(1)(a), if the registrant is a general partnership, please provide the registration number assigned to the partnership by our office. If the general partnership is not registered in our office, please provide the name and address of at least one general partner.

Additional Provisions
If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature(s)
After completing all information on the filing form, please make sure that the form is signed by an authorized representative.

****NOTE: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**

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)

Brian Graham, Chief Executive Officer
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.