



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/10/2023	202304101156	Service Mark Renewal (SMR)	25.00	0.00	0.00	0.00

Receipt

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

COLLEEN ANDERSON
962 FREEWAY DR N
COLUMBUS, OH 43229

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
2166802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
" THE LETTERS "O","C" AND "D" CONTAINED IN A BRIGHT RED CIRCLE"

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

Document(s)

Service Mark Renewal

Document No(s):

202304101156

Effective Date: 02/10/2023



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
10th day of February, A.D. 2023.

Ohio Secretary of State

Form 523B Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Renewal of Service Mark or Trademark Registration

Filing Fee: \$25**(166-TSMR)****Form Must Be Typed**

Description of Mark to be Renewed

" THE LETTERS "O","C" AND "D" CONTAINED IN A BRIGHT RED CIRCLE"

Registration Number of Mark

2166802

Name of Registrant Renewing Mark

OHIO COMMERCIAL DOOR CO.

Name of the Individual or Entity Below

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

Registrant is a(n):

(Check only one (1) box)

☐ **Individual**☐ **General 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 #

477813

☐ **Foreign Corporation**

Ohio License #

Jurisdiction of Formation

☐ **Unincorporated Association**☐ **Professional Association**

Charter #

☐ **Other**

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

Document 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.

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.

CHRIS ANDERSON

Signature

By (if applicable)

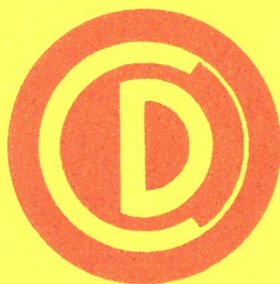
CHRIS ANDERSON

Print Name

Signature

By (if applicable)

Print Name



OHIO COMMERCIAL DOOR CO.

962 FREEWAY DRIVE NORTH COLUMBUS, OH 43229

PHONE 614-846-7200 FAX 614-846-7749

MONDAY-FRIDAY 8:00 AM TO 4:30 PM

☐ RECALL ☐ ORDER PARTS ☐ ESTIMATE ☐ DO IT ☐ OTHER _____

DATE _____ TIME IN _____ TIME OUT _____ TECH(S) _____

COMPANY _____

ADDRESS _____

ATTENTION _____ PHONE _____

FAX _____ EMAIL _____

REMINDER: PLEASE TAKE PICTURES, GET SERIAL NUMBERS, MODEL NUMBERS AND ALL MEASUREMENTS!

DOOR LOCATION IN THE BUILDING _____

DESCRIPTION OF WORK (PLEASE INCLUDE WHAT IS THERE CURRENTLY AND WHAT WE NEED TO REPLACE.)

☐ PICTURES UPLOADED ☐ LIFT _____

PLEASE NOTE THAT IF THIS IS A RECALL OR ESTIMATE YOU WILL NOT BE CHARGED BUT WE STILL NEED A SIGNATURE.

SIGNATURE _____ DATE _____