| CERTIFICATE OF | ASSUM | IED BUS | INES | Šąj am | E | |
|--|---|--|--|--|---|---------------------------------------|
| o the SECRETARY OF STATE, ST | TATE OF I | OHIO | | in the second | | |
| Pursuant to Section 53-504, I | | , the undersig | gned give | s police o | | |
| doption of an Assumed Business N | ame. | | | - ANO | Ale . | |
| . The assumed business name wh | ich the unc | lersigned use | e(s) in the | e transacti | on of | |
| business is: | | т ^{ан} тан А | | | | |
| TIMBER PRODUC | TS MACHINI | ЕКУ | | | | |
| The true name(s) and business a business under the assumed business | | • • | or individ | lual(s) do | ing | |
| Name | | · · · | Add | | * | |
| Mr. Kim D. Hansen | | 123 Westu | ood Dr. | Post Fa | els, 10 | 838 |
| | | · · · · · · · · · · · · · · · · · · · | - | - | | |
| • | | | | | 1 | |
| ····· | | | | | <u>i</u> : | |
| 3. The general type of business tra | nsacted un | der the assu | med busi | ness nam | e is: | |
| #9 | | | | | | 1 |
| Brokering and/or buying and | selling se | αμήσει ΧΥ Ο Ο ΜΙΧΥ | 109 <i>0</i> M I 0100 | CONSULT | ina 👘 | |
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| See categories on the reverse 4. The name and address to which <u>Mr. Kim D. Hansen</u> 123 u | correspon lestwood D Signed By | dence should r. Post Fa <u>UM</u> D Owner | l be addr | essed: | | · · · |
| See categories on the reverse 4. The name and address to which Mr. Kim D. Hansen 123 to Submit Certificate of Assumed | Capacity_ | dence should r. Post Fa Linn D | l be addr | essed: | | |
| See categories on the reverse 4. The name and address to which <u>Mr. Kim D. Hansen</u> 123 to Submit Certificate of Assumed Business Name and \$20.00 fee | Capacity_ | dence should r. Post Fa <u>UM</u> D Owner | i be addr ees, 11 Hal | essed: | | ····· |
| See categories on the reverse 4. The name and address to which <u>Mr. Kim D. Hansen</u> 123 to Submit Certificate of Assumed Business Name and \$20.00 fee Secretary of State | Capacity_ | dence should r. Post Fa <u>UM</u> D Owner | i be addr ells, 11 Hall Sidma | essed: | | |
| See categories on the reverse 4. The name and address to which <u>Mr. Kim D. Hansen</u> 123 u Submit Certificate of Assumed Business Name and \$20.00 fee Secretary of State 700 West Jefferson | Capacity_ | dence should r. Post Fa <u>UM</u> D Owner | 1 be addr 2015, 11 4 4 4 4 1 6 1 6 1 6 7 5 8 | essed: 83854 Weth Weth 6 CT: 88577 | Fe STMDE 8H1 47352 | |
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