



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/29/2013	201308701163	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

STEPHENSON, STEPHENSON & CARROTHERS
206 WEST HIGH AVENUE
NEW PHILADELPHIA, OH 44663

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2186194

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

AGE OF STEAM ROUNDHOUSE

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING

201308701163

Effective Date: 03/27/2013

Date of First Use: 12/16/2011
Expiration Date: 03/27/2018

AGE OF STEAM, LTD
202 EAST MAIN STREET
SUGARCREEK, OH 44681



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 29th day of March, A.D.
2013.

Jon Husted

Ohio Secretary of State

Jon Husted

Form 534A Prescribed by:
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Bussevv@OhioSecretaryofState.gov

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: \$50

2013 MAR 27 PM 1:27

CHECK ONLY ONE (1) Box

Trade Name
(167-RNO)
Date of first use: 12/16/2011
MM/DD/YYYY

Fictitious Name
(169-NFO)

Age of Steam Roundhouse
Name being Registered or Reported
Age of Steam, Ltd.
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.

The 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 # 1794776
If Foreign, Jurisdiction of Formation
 Ohio Corporation
Charter #
 Foreign Corporation
Ohio license #
Jurisdiction of Formation
 Unincorporated Association
 Professional Association
Charter #
 Sole Proprietor
 Other

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Museum of antique railroad equipment and related items

Business address:

202 East Main Street
Mailing Address

Sugarcreek Ohio 44681
City State 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.

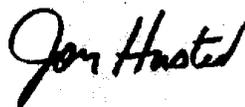
Age of Steam, Ltd.
Signature

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

Laura Jacobson
By (if applicable)

Laura Jacobson
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.



Form 590 Prescribed by:
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.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.)

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

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.

Signature

By (if applicable)

Print Name

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)

Print Name