

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM424323

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Dermatopathology Laboratory of Central States, Inc.		04/12/2017	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Dermatopathology Laboratory of Central States, LLC		
Street Address:	7835 Paragon Road		
City:	Dayton		
State/Country:	OHIO		
Postal Code:	45459		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	4344171	CLEARPATH BY DLCS	
Registration Number:	4426440	C	
Registration Number:	4890043	CLEARPATH	
CORRESPONDENCE DATA			
Fax Number:	7037125240		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	7037125361		
Email:	scotugno@mcguirewoods.com		
Correspondent Name:	Shannon Cotugno		
Address Line 1:	1750 Tysons Blvd		
Address Line 2:	Suite 1800		
Address Line 4:	Tysons, VIRGINIA 22102		
NAME OF SUBMITTER:	Shannon Cotugno		
SIGNATURE:	/Shannon Cotugno/		
DATE SIGNED:	04/19/2017		
Total Attachments: 22			
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OP \$90.00 4344171

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UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of April, A.D. 2017.

Ohio Secretary of State

Jon Husted

Validation Number:

201710402582

OHIO SECRETARY OF STATE
PROCESSING STATEMENT
12/16/96

CHARTER NUMBER: 961582
ROLL AND FRAME: 5691-1374
05691-1374

CORPORATION:

DERMATOPATHOLOGY LABORATORIES OF CENTRAL STATES
, INC.

DOCUMENT NUMBER	CODE	FEE
96121312401	ARF	85.00
96121312401	MIS	10.00

048428

RETURN TO: KATZ, TELLER, BRANT & HILD
ATTN L J HAYDEN
255 E FIFTH ST #2400
CINCINNATI OH 45202-4724

TOTAL : 95.00

0962

05691-1375



The State of Ohio

Bob Taft

Secretary of State

961582

Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous

Filings; that said records show the filing and recording of: ARF MIS

of:

DERMAPATHOLOGY LABORATORIES OF CENTRAL STATES, INC.

United States of America
State of Ohio
Office of the Secretary of State

Recorded on Roll 5691 at Frame 1376 of
the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at

Columbus, Ohio, this 13TH day of DEC

A.D. 19 96



Bob Taft
Bob Taft
Secretary of State

TRADEMARK
REEL: 006037 FRAME: 0595

05691-1373

ARTICLES OF INCORPORATION

OF

DERMAPATHOLOGY LABORATORIES OF CENTRAL STATES, INC.

APPROVED

KCB

12-13-96

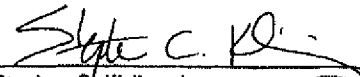
85

96121312401

The following are the articles of incorporation of a new corporation for profit in accordance with Chapter 1785 of the Ohio Revised Code:

1. Name. The name of the corporation is Dermatology Laboratories of Central States, Inc.
2. Principal Office. The place in Ohio where the corporation's principal office is to be located is Dayton, Montgomery County.
3. Purpose. The purpose for which the corporation is formed is to render professional services in the practice of medicine and to engage in any other lawful act or activity for which corporations may be formed under Chapter 1785 of the Ohio Revised Code.
4. Authorized Shares. The authorized number of shares of the corporation is 850 common shares, without par value.
5. Purchase of Shares. The corporation by its directors may purchase shares of any class issued by it.
6. Majority Vote. Notwithstanding any provision in the Ohio General Corporation Law requiring for any purpose the vote, consent, waiver, or release of the holders of greater than a majority (but less than all) of the shares of the corporation of any particular class or of each class, for such purpose the vote, consent, waiver, or release of the holders of a majority of the shares of the corporation of such particular class or of each class shall be required.
7. Preemptive Rights. No holder of shares of the corporation shall have any preemptive right to purchase any shares of the corporation of any class whether now or hereafter authorized.

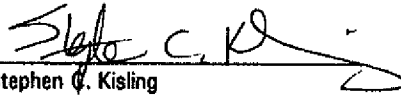
Dated: December 12, 1996


Stephen C. Kisling, Incorporator

05691-1377

ORIGINAL APPOINTMENT OF AGENT

Corporate Statutory Services, Inc., 255 East Fifth Street, Suite 2400, Cincinnati, Hamilton County, Ohio 45202, a company which is organized under the laws of the State of Ohio and is authorized by its Articles of Incorporation to act as a statutory agent, is hereby appointed as the agent upon whom any process, notice, or demand required or permitted by statute to be served upon Dermapathology Laboratories of Central States, Inc. may be served.



Stephen C. Kisling

DERMAPATHOLOGY LABORATORIES OF
CENTRAL STATES, INC.

Gentlemen:

The undersigned hereby accepts the appointment as agent of your corporation upon whom any process, notice, or demand may be served.

CORPORATE STATUTORY SERVICES,
INC.

By: 
Stephen C. Kisling, Assistant
Secretary

05691-1378

KATZ, TELLER, BRANT & HILD

A LEGAL PROFESSIONAL ASSOCIATION

8400 CLEVELAND CENTER
855 EAST FIFTH STREET
CINCINNATI, OHIO 45202-4784
(513) 721-4532
TELECOPIER NO. (513) 721-7120

December 12, 1996

REUVEN J. KATZ
JEROME S. TELLER
JOSEPH A. BRANT
GUY M. HILD
ROBERT A. PITCHAY, JR.
ROBERT S. BRANT
RONALD J. GORBY
STEPHEN C. KISLING*
JAMES F. MCCARTHY, III
ANDREW R. BERGER**
MARK J. JARVIS
WILLIAM F. HUBB
JOHN R. GIERL
BRUCE A. HUNTER**
OSBORN E. LAND
BRADLEY G. HAAS
DANIEL P. UFF
BRENT O. HOUR
CYNTHIA L. GIBSON
SHEARON FRIEDMAN LAND
TEDD R. FRIEDMAN
SUSIE K. CHRISTIE***
WYDAN J. FREEMAN

*ALSO ADMITTED IN FLORIDA
**ALSO ADMITTED IN MISSOURI
***ALSO ADMITTED IN MARYLAND

VIA CERTIFIED MAIL

Secretary of State of Ohio
Corporations Division
30 East Broad Street, 14th floor
Columbus, Ohio 43266-0418

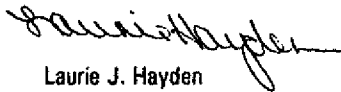
Re: Dermopathology Laboratories of Central States, Inc.

Dear Sir or Madam:

I am enclosing for expedited filing Articles of Incorporation and Original Appointment of Agent on behalf of the above-referenced corporation and our firm's check in the amount of \$95.00 to cover the filing fee.

Please forward evidence of this filing to my attention in the self-addressed, stamped envelope provided. If you have any questions, please call me collect at (513) 721-4532. Thank you for your assistance.

Sincerely,



Laurie J. Hayden
Corporate Paralegal

Enclosure

cc: Stephen C. Kisling, Esq.

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of April, A.D. 2017.

Ohio Secretary of State

Jon Husted

Validation Number:

201710402582



Jon Husted
Ohio Secretary of State

180 East Broad Street, 16th Floor
Columbus, Ohio 43215
Tel: (877) 767-6446 Fax: (614) 644-0649
www.OhioSecretaryofState.gov

OHIO SECRETARY OF STATE CORRECTION STATEMENT

July 30, 2012

Dermatopathology Laboratory of Central States, Inc.
Charter Number: 961582

On December 13, 1996, Dermatopathology Laboratory of Central States, Inc., submitted Articles of Incorporation for a Professional Association to the office of the Ohio Secretary of State. The above charter number was assigned.

On February 11, 2005, the entity submitted an amendment to become a domestic corporation for profit. However, this office never updated the entity type to reflect it as a corporation for profit, and it remained a professional association.

Upon discovering this error, this office corrected the entity type to reflect that it is a domestic corporation for profit.



DATE	DOCUMENT ID	DESCRIPTION	FLING	EXPED	PENALTY	CERT	COPY
02/24/2008	200505403008	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00	.00	.00	.00

Receipt

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

COOLIDGE, WALL, WOMSLEY & LOMBARD
33 WEST FIRST ST., STE. 600
J. STEPHEN HERBERT
DAYTON, OH 45402

**STATE OF OHIO
CERTIFICATE**
Ohio Secretary of State, J. Kenneth Blackwell

961582

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
DERMATOPATHOLOGY LABORATORY OF CENTRAL STATES, INC.

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

Document(s):

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200505403008



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 11th day of February, A.D. 2005.

J. Kenneth Blackwell

Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43218 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1026 Columbus, OH 43218

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

RECEIVED FEB 11 11 1 29

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit		(2) Domestic Non-Profit	
<input type="checkbox"/> Amended (122-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMOS)	<input type="checkbox"/> Amended (125-AMAN)	<input type="checkbox"/> Amendment (125-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation: Dermapathology Laboratories of Central States, Inc.

Charter Number: 981582

Name of Officer: Thomas G. Olsen M.D.

Title: President

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (non-profit amended articles only)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: DERMATOPATHOLOGY LABORATORY OF CENTRAL STATES, INC.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

To engage in any lawful act or activity for which corporations may be formed under Ohio Revised Code Sections 1701.01 to 1701.99, inclusive, and amendments thereto. Nothing herein shall be deemed to limit or exclude in any manner any capacity, power, right, privilege or authority granted to, or inhering within, this corporation by virtue of the common law and the General Corporation Law of Ohio, as the same may be amended from time to time.

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See instructions)



Authorized Representative



Date

Thomas G. Olsen, M.D.

(Print Name)

Authorized Representative

Date

(Print Name)

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of April, A.D. 2017.

Ohio Secretary of State

Jon Husted

Validation Number:

201710402582



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
04/12/2017	201710203040	Conversion Within SOS Records (CVS)	99.00	0.00	300.00	0.00	0.00

Receipt

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

NSI
145 BAKER ST.
ATTN:MELODY FREEMAN
MARION, OH 43302

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
961582**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
DERMATOPATHOLOGY LABORATORY OF CENTRAL STATES, LLC

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

Document(s)	Document No(s):
Conversion Within SOS Records	201710203040
Effective Date: 04/12/2017	

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.



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
12th day of April, A.D. 2017.

Jon Husted
Ohio Secretary of State



Form 700 Prescribed by:
JON HUSTED
 OHIO SECRETARY OF STATE

Toll Free: (877) 808-FILE (877-787-3453)
 Central Ohio: (614) 468-5810

www.OhioSecretaryofState.gov
 hustedj@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (per expedite)
 P.O. Box 1320
 Columbus, OH 43266

Expedite Filing (Two business day processing time.
 Requires an additional \$145.00)

P.O. Box 1390
 Columbus, OH 43216

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) **Converting Within The Records of the Ohio Secretary of State**

(2) **Converting Off The Records of the Ohio Secretary of State**
 (187-VXX)

Name of the converting entity	Dermatopathology Laboratory of Central States, Inc.	RECEIVED 2018 APR 12 AM 11:56 CLIENT SERVICE CENTER
Jurisdiction of Formation	Ohio	
Charter/Registration Number	981582	

The converting entity is a:
 (Check Only (1) One Box)

<input checked="" type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic Corporation (For-Profit) Partnership

Foreign Corporation (For-Profit or Nonprofit) Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company Foreign Limited Liability Partnership

Foreign For-Profit Limited Liability Company

Effective Date (Optional) (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City

State

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

State

Zip Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required
Must be signed by an
authorized representative.

Dermatopathology Laboratory of Central States, Inc.

Signature

J. Stephen Herbert

By (if applicable)

J. Stephen Herbert

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Dermatopathology Laboratory of Central States, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	04/05/2017	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	04/05/2017
*Only required for domestic for-profit corporations		Regular: P.O. Box 182413 Columbus, OH 43218-2413	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us		<input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see note below]			

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature J. Stephen Herbert Title Asst. Secretary

J. Stephen Herbert
Name

33 W. First Street, Suite 200
Mailing Address

Dayton Ohio 45402
City State Zip Code

Sworn to and subscribed in my presence on 4/11/2017
Date

Seal Sandy Lakes
Notary Public

Commission Expires 5/21/2019
SANDY L. LAKES, Notary Public
In and for the State of Ohio
My Commission Expires May 21, 2019



Department of
Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



REBECCA A COLLIER
33 W FIRST STREET STE 200
DAYTON, OH 45402
USA

March 06, 2017
Contact ID: 2848820726

RE: Certificate of Tax Clearance
Entity Name: Dermopathology Laboratories Of Central States, Inc.
Ohio Charter # 00961582
Certificate Issue Date: 03/06/2017

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Joseph W. Testa
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-888-405-4039
Fax: 1-206-954-0378
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1



Form 533A Prescribed by:
JON HUSTED
 OHIO SECRETARY OF STATE
 Toll Free: (877) 808-FILE (877-767-3455)
 Central Ohio: (614) 465-9010
 www.OhioSecretaryofState.gov
 busenrv@OhioSecretaryofState.gov
 File online or for more information: www.OH-BusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
 P.O. Box 670
 Columbus, OH 43216

Expedite Filing (Five business day processing time.
 Requires an additional \$100.00)
 P.O. Box 1890
 Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
 Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
 For-Profit Limited Liability Company
 (116-LCA)

(2) Articles of Organization for Domestic
 Nonprofit Limited Liability Company
 (116-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date
 (Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
 of the articles or on a later date specified that is not more than ninety days
 after filing)

This limited liability company shall exist for
 (Optional)

Period of Existence

Purpose
 (Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax
 exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit
 limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose
 clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Dermatopathology Laboratory of Central States, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

J. Stephen Herbert

Name of Agent

33 W. First Street, Suite 200

Mailing Address

Dayton

City

Ohio

State

45402

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, J. Stephen Herbert named herein as the statutory agent
Statutory Agent Name

for Dermatopathology Laboratory of Central States, LLC
Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature


Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

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

Articles and original appointment of agent must be signed by a member, manager or other 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.


Signature



By (if applicable)


J. Stephen Herbert

Print Name




Signature

By (if applicable)



Print Name


Signature

By (if applicable)



Print Name