DOC ID ----> 200617902858

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/29/2006	200617902858	TRADE NAME/ORIGINAL FILING (RNO)	50 00	100 00	00	00	00

Receipt

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

JEFF LEVERENZ
3828 WHEATLANDS ROAD
SYLVANIA, OH 43560

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

1632621

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

LEXAMED

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 06/17/2006
Expiration Date. 06/28/2011

Document No(s):

200617902858

BIOLOGICAL ENVIRONMENTAL
CONTROL LABORATORIES
ACQUISITION CO., LLC
705 FRONT STREET
TOLEDO, OH 43605

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 28th day of June, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200617902858

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)	
Mail Form to one of the Following:	
⊙ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
○ No	PO Box 670 Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Non-Profit)
Filing Fee $50.00

200617902858
06/15/06 21:56:27

THE UNDERSIGNED HEREBY STATES THE FOLLOWING

(CHECK ONLY ONE (1) BOX)

(1) ☑ Trade Name (167-RNO) Date of first use 06/17/2006 MM/DD/YYYY	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is: LexaMed

The Registrant is (Check Appropriate Box)

- ☐ Individual
- ☐ Limited Partnership Reg No
- ☑ Ohio Limited Liability Co , Reg No. 1582696
- ☐ Ohio Corporation, Charter No
- ☐ General Partnership
- ☐ Other
- ☐ Foreign Corporation incorporated in the state of
  holding Ohio license no.
- ☐ Unincorporated Association
- ☐ Foreign Limited Liability Co. holding Ohio Reg No
  organized in the state of

The name of the registrant designated above is

Biological Environmental Control Laboratories Acquisition Co., LLC

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

705 Front Street
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Toledo	Lucas	OH	43605
(City)	*(County)*	*(State)*	*(Zip Code)*

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Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS **COMPLETE RESIDENTIAL ADDRESSES (including zip code)**

NOTE Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Microbiological Consulting.

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation **UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME**

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant) *(Print Name)*

(Address)

(City, State and Zip Code)

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

H Jeffrey Severns
Authorized Representative

06/19/2006
Date

Authorized Representative

Date