DOC ID ----> 200835302230

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/19/2008	200835302230	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

CODONICS
17991 ENGLEWOOD DRIVE
MIDDLEBURG HTS, OH 44130

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1824902

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

DAYLIGHT MEDICAL

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 11/18/2008
Expiration Date: 12/18/2013

Document No(s):

200835302230

CODONICS, INC.
17991 ENGLEWOOD DRIVE
MIDDLEBURG HEIGHTS, OH 44130

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 18th day of December, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200835302230

Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
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 Nonprofit)

Filing Fee $50.00

RECEIVED
DEC 18 2008
SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Trade Name (167-RNO)	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO)
Date of first use November 18, 2008 MM/DD/YYYY		☐ 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 Daylight Medical

The Registrant is (Check Appropriate Box)

☐ Individual
☐ Limited Partnership: Reg. No. ____
☐ Ohio Limited Liability Co., Reg. No. ____
☒ Ohio Corporation, Charter No. 595081
☐ 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

Codonics, Incorporated

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

17991 Englewood Drive
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Middleburg Heights	Cuyahoga	Ohio	44130
(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)

Sale and Distribution of Medical Accessories

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)**

Robert M. Dunfee — Authorized Representative — 12/18/08 — Date

Authorized Representative — Date