DOC ID ----> 201615802670

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/07/2016	201615802670	TRADE NAME RENEWAL (RNR)	25.00	0.00	0.00	0.00	0.00

Receipt

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

SEVA DENTAL
4451 W FRANKLIN ST
BELLROCK, OH 45305

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2052099

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

SEVA DENTAL

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**201615802670**

Effective Date: 05/27/2016

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 7th day of June, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201615802670

Form 523A Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing **(Two business day processing time. Requires an additional $100.00)**
P.O. Box 1390
Columbus, OH 43216

Renewal of Trade Name or Fictitious Name Registration
Filing Fee: $25

(CHECK ONLY ONE (1) BOX)

☑ Renewal of Trade Name (172-RNR)

Reg. No. 2052099

☐ Renewal of Fictitious Name (159-NFR)

Reg. No.

Trade Name or Fictitious Name to be Renewed: SEVA DENTAL

Name of Registrant Renewing Name: DR. NIMISHA SOMAIYA, LLC

Registrant's Entity Number (if registered with Ohio Secretary of State): 1634773

RECEIVED
2016 MAY 27 12:22
CLIENT SERVICES

Complete if the registrant is a general partnership and has not provided an entity number above. Registration numbers are assigned to partnerships that have filed a statement under Ohio Revised Code Chapter 1775 OR complete if a partner was listed on the original application and that person/entity is no longer a partner.

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.

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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
Renewal must be signed by the registrant or authorized representative of the registrant.

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

OWNER
By (if applicable)

NIMISHA SOMAIYA.
Print Name

Signature

By (if applicable)

Print Name