



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/09/2018	201818703508	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

DONALD R WRIGHT
10206 MORROW COZADDALE RD
MORROW, OH 45152

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4206957

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

CLARIGENT HEALTH

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

Document(s)

TRADE NAME REGISTRATION

Document No(s):

201818703508

Effective Date: 07/06/2018

Date of First Use: 07/01/2018

Expiration Date: 07/06/2023

SPREADING ACTIVATION TECHNOLOGIES, LLC
5412 COURSEVIEW DRIVE, SUITE 210
MASON, OH 45040



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
9th day of July, A.D. 2018.

Ohio Secretary of State

Form 534A Prescribed by:

Date Electronically Filed: 7/6/2018

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

[For screen readers, follow instructions located at this path.](#)

Name Registration

Filing Fee: \$39

Form Must Be Typed

CHECK ONLY ONE (1) Box



Trade Name
(167-RNO)

Date of first use:

7/1/2018

MM/DD/YYYY



Fictitious Name
(169-NFO)

CLARIGENT HEALTH

Name being Registered or Reported

SPREADING ACTIVATION TECHNOLOGIES, LLC

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.

Registrant's Entity Number (if registered with Ohio Secretary of State): 4130273

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Software for diagnosing and treating mental health conditions

Business address:

5412 COURSEVIEW DRIVE, SUITE 210

Mailing Address

MASON

City

OH

State

45040

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.

DONALD R WRIGHT

Signature

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

By (if applicable)

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.