



| DATE       | DOCUMENT ID  | DESCRIPTION                 | FILING | EXPED  | CERT | COPY |
|------------|--------------|-----------------------------|--------|--------|------|------|
| 09/15/2020 | 202025902430 | Trade Name/Assignment (RNA) | 25.00  | 100.00 | 0.00 | 0.00 |

**Receipt**

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

WILLIAM SCOTT HERDTNER  
1700 EDISON DRIVE  
MILFORD, OH 45150

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**2338260**

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

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

Document(s)

Document No(s):

**Trade Name/Assignment**

**202025902430**

**Effective Date: 09/15/2020**

Expiration Date: 10/27/2024

SUPERIOR AIR-GROUND AMBULANCE SERVICE OF OHIO, INC.  
395 W LAKE STREET  
ELMHURST, IL 60126



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  
15th day of September, A.D. 2020.

**Ohio Secretary of State**

Form 524A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)**Trade Name or Fictitious Name Registration Update****Filing Fee: \$25****Form Must Be Typed**

- |                                                                                                                    |                                                                        |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> (1) Assignment of Registered Name<br>(116-RNA)                                 | <input type="checkbox"/> (2) Change of Nature of Business<br>(999-GEN) |
| <input type="checkbox"/> (3) Change of Address for Registrant<br>(176-RNB)                                         | <input type="checkbox"/> (4) Cancellation of Registration<br>(184-RNX) |
| <input type="checkbox"/> (5) Change of Partners of Registrant, if Registrant is a General Partnership<br>(999-GEN) |                                                                        |

|                               |                                            |
|-------------------------------|--------------------------------------------|
| Trade Name or Fictitious Name | COLUMBUS CONNECTION                        |
| Registration Number           | 2338260                                    |
| Name of Current Registrant    | Patient Transport Service of Columbus, LLC |

**Complete the information in this section if box (1) is checked above**

|                                                                              |                                                     |       |          |
|------------------------------------------------------------------------------|-----------------------------------------------------|-------|----------|
| New Registrant's Name                                                        | Superior Air-Ground Ambulance Service of Ohio, Inc. |       |          |
| New Registrant's Charter/Registration/License Number in Ohio (if applicable) | 2082251                                             |       |          |
| New Registrant's Address                                                     |                                                     |       |          |
| Mailing Address                                                              | 395 W Lake Street                                   |       |          |
| City                                                                         | Elmhurst                                            | State | Illinois |
| ZIP Code                                                                     | 60126                                               |       |          |

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

**Name****Address**

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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.

**Complete the information in this section if box (2) is checked**

The general nature of business conducted by the registrant:

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

Registrant's New Address

Mailing Address

City

State

Ohio

ZIP Code

**No additional information required if box (4) is checked above. Please sign form below.****Complete the information in this section if box (5) is checked**

New General Partner(s) names(s) and addresses

**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.**

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.

*William S. Herdtner*

Signature

Vice President, Finance &amp; CFO

By (if applicable)

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

William S. Herdtner

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.

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[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)**Trade Name or Fictitious Name Registration Update****Filing Fee: \$25****Form Must Be Typed**

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|-------------------------------|--------------------------------------------|
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|                                                                              |                                                     |       |          |
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| New Registrant's Address                                                     |                                                     |       |          |
| Mailing Address                                                              | 395 W Lake Street                                   |       |          |
| City                                                                         | Elmhurst                                            | State | Illinois |
| ZIP Code                                                                     | 60126                                               |       |          |

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