DOC ID ----> 202028801024

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/14/2020	202028801024	TRADE NAME REGISTRATION (RNO)	39.00	100.00	0.00	0.00

Receipt

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

UNISEARCH INC.
3958-D BROWN PARK DR
HILLIARD, OH 43026

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4556708

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

TALEMED

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**202028801024**

Effective Date: 10/13/2020

Date of First Use: 10/01/2020

Expiration Date: 10/13/2025

TRIAGE, LLC
12020 PACIFIC ST.
OMAHA, NE 68154

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 14th day of October, A.D. 2020.

Ohio Secretary of State

DOC ID ----> 202028801024

DocuSign Envelope ID: E3EFDB1C-3E7F-468F-876A-52554EF77AEA

Form 534A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

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

Name Registration

Filing Fee: $39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☒ Trade Name (167-RNO) Date of first use: 10/01/2020 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

TaleMed
Name being Registered or Reported

Triage, 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): 4086006

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Nurse Staffing

Business address:

12020 Pacific Street
Mailing Address

Omaha
City

NE
State

68154
ZIP Code

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DocuSign Envelope ID: E3EFDB1C-3E7F-468F-876A-52554EF77AEA

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.

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

Triage, LLC
Signature

Michael K. Burke
By (if applicable)

Mike Burke, Chief Financial Officer of Triage, LLC
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.