Filing Fee: \$50.00 ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.	The legal name of the applicant business corporation Medic In Motion LLC	
2.	The fictitious business name to be used is	mo Media LLC
3.		
4.	The date of incorporation, organization or formation	is _ · · · 6(30(7005)
5.	If a business corporation, the address of its registered office within Rhode Island is	
6.	If a business corporation, the business in which it is	engaged
7.	Applicant is otherwise authorized to do business in t	the state of Rhode Island.
Da	te: 10/26/12	Under penalty of perjury, I declare that the information contained herein is true and correct. Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation
	OCT 2 6 2012 BY	By Signature of Authorized Officer of the Corporation or Signature of Authorized Person for the Limited Liability Company or Signature of Authorized Person for the Limited Partnership

Form No. 624 Revised: 12/05



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

