

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, limited liability company or limited partnership is: nContact Surgical, Inc
2. The fictitious business name to be used is nContact, Inc.
3. The state or territory under the laws of which it is incorporated, organized or formed is Corporation
4. The date of incorporation, organization or formation is 7/15/04
5. If a business corporation, the address of its registered office within Rhode Island is Incorporating Services, 222 Jefferson Blvd, Warwick, RI 02888
6. If a business corporation, the business in which it is engaged 1001 Aviation Parkway, Suite 400, Morrisville, NC 27560
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 6/3/13

nContact Surgical, Inc
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By: Mathalis Greese
Signature of Authorized Officer of the Corporation

or

By:
Signature of Authorized Person for the Limited Liability Company

or

By:
Signature of Authorized Person for the Limited Partnership

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SECRETARY OF STATE
CORPORATIONS DIV
2013 JUN -7 AM 11:57

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BY [Signature] 11:57
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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

