

No Filing Fee (See Instructions)

ID Number: 000151358



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

APPLICATION FOR TRANSFER OF AUTHORITY

OASIS Alignment Services, LLC

(Insert full name of the entity following the transfer)

SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (**check one box only**):

- ☐ Non-Profit Corporation or ☒ Business Corporation or ☐ Limited Liability Company or
☐ Limited Partnership or ☐ Limited Liability Partnership

submits the following Application for the purpose of transferring its authority to a (**check one box only**):

- ☐ Limited Partnership or ☒ Limited Liability Company or ☐ Business Corporation or
☐ Limited Liability Partnership or ☐ Non-Profit Corporation

a. The name of the entity filing this application for transfer is:

OASIS Alignment Services, Inc.

b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island:

10/06/2005

c. The jurisdiction upon transfer of authority:

New Hampshire

d. The name of the entity following the transfer of authority is:

OASIS Alignment Services, LLC

e. The application for transfer is filed as an accompanying certificate to the ☐ certificate of registration for a limited partnership or ☒ application for registration for a limited liability company or ☐ application for certificate of authority for a business corporation or ☐ application for certificate of authority for a non-profit corporation or ☐ notice of registration for a registered limited liability partnership (**check one box only**).

f. The application for transfer is accompanied by a certificate of good standing or ~~legal existence issued by the~~ proper officer of the state or country under the laws of which it is incorporated.

FILED

AUG 11 2015

BY ADC 10:25am

2015 AUG 11 AM 10:25
SECRETARIAT OF STATE
DIVISION OF BUSINESS SERVICES

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: _____

Print Name of Other Entity

By: _____
Signature of Authorized Person

By: _____
Signature of Authorized Person

OR

Print Name of Partnership

By: _____
Signature of Partner

By: _____
Signature of Partner

By: _____
Signature of Partner

OASIS Alignment Services, Inc. - Brian J. Hiltunen

Print Name of Corporation

By: Brian J. Hiltunen
Signature of Authorized Person

By: _____
Signature of Authorized Person

OR

Print Name of Limited Liability Company

By: _____
Signature of Authorized Person

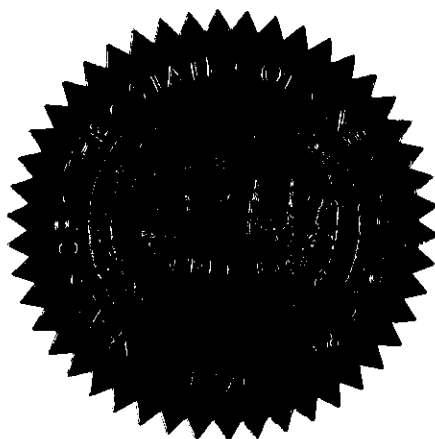
By: _____
Signature of Authorized Person

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify OASIS Alignment Services, Inc. was a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on December 14, 1999 and that a certificate of conversion to a New Hampshire limited liability company and a certificate of formation of a New Hampshire limited liability company under the name OASIS Alignment Services, LLC were filed on March 12, 2015. I further certify that all fees required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 30th day of July, A.D. 2015

A handwritten signature in dark ink, appearing to read "William M. Gardner", written in a cursive style.

William M. Gardner
Secretary of State