State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Certificate of Authority
FOREIGN Corporation

→ Filing Fee: $310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Laerdal Medical Corporation

2. It is incorporated under the laws of: **New York**

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: **4/28/1967**

And the period of its duration is: **CHECK ONLY ONE BOX**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

167 Myers Corners Rd, Wappingers Falls, NY 12590

6. The name and address of the initial registered agent/office of in Rhode Island:

Agent Name **National Registered Agents, Inc**

Street Address (NOT a P.O. Box) **450 Veterans Memorial Parkway, suite 7A**

City/Town	State	Zip Code
East Providence	**RHODE ISLAND**	**02914**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

11:14 **FILED**
OCT 20 2016
BY 2864456

FORM 150 - Revised: 08/2016

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

sales of medical and medical training equipment

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
David Johnson	**167 Myers Corners Rd, Wappingers Falls, NY 12590**
Patricia Goodwin	**167 Myers Corners Rd, Wappingers Falls, NY 12590**
W. Clive Patrickson	**Tanke Svilands Gate 30, Stavanger, Norway**
Egil Mathisen	**Tanke Svilands Gate 30, Stavanger, Norway**

Check the box to indicate an attachment. ☑

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	**David Johnson**	**167 Myers Corners Rd, Wappingers Falls, NY 12590**
VICE PRESIDENT	**Joseph Pahlow**	**167 Myers Corners Rd, Wappingers Falls, NY 12590**
TREASURER		
SECRETARY	**Patricia Goodwin**	**167 Myers Corners Rd, Wappingers Falls, NY 12590**

Check the box to indicate an attachment. ☑

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
200	**n/a**	**n/a**	**no par**

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

$ **36,699,476**

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

$ **8,649**

(c) Estimate, **as a percentage**, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.*

.02 %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
$ **223,519,654**	$ **994,796**

(c) Estimate, **as a percentage**, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. *Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.*

.04 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.

13. Date when the Certificate of Authority will be effective: **CHECK ONLY ONE BOX**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the day of filing)_____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer	Date
Patricia Goodwin	**10/17/16**

Signature of Authorized Officer of the Corporation

Patricia Goodwin

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Laerdal Medical Corporation
Form 150 – Additional Information

Line 8(a) Directors

Name	Address
Tor Bryne	Tanke Svilands Gate 30, Stavanger, Norway

Line 8(b) Officers

Name	Address
Scott Arnold	167 Myers Corners Rd, Wappingers Falls, NY 12590

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LAERDAL MEDICAL CORPORATION was filed on 04/28/1967, under the name of LAERDAL CORPORATION, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment LAERDAL CORPORATION, changing its name to LAERDAL MEDICAL CORPORATION, was filed 08/18/1967.

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of September two thousand and sixteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

October 20, 2016 11:14 AM

Nellie M. Gorbea
Secretary of State

143838-1-1130666