ID Number:	000157050



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

Envista Forensics, LLC

, , , , , , , , , , , , , , , , , , ,	" ⊣
(Insert full name of the entity following the transfer)	32
SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY	
Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amende qualified foreign (<i>check one box only</i>):	d, the undersigned duly
Non-Profit Corporation or Business Corporation or Limited Lia	bility Company <u>or</u>
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 C	Corporation <u>or</u>
Limited Liability Partnership or Non-Profit Corporation	
The name of the entity filing this application for transfer is: PT&C FORENSICS, INC.	
b. The date on which the entity filing this application qualified to conduct business in the Sta	ate of Rhode Island.
c. The jurisdiction upon transfer of authority: Georgia	
d. The name of the entity following the transfer of authority is:	

notice of registration for a registered limited liability partnership (check one box only). The application for transfer is accompanied by a certificate of good standing or legal existence issued by the

The application for transfer is filed as an accompanying certificate to the Control 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

proper officer of the state or country under the laws of which it is incorporated.

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Envista Forensics, LLC

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: 09/28/2017		
Print Name of Other Entity	– <u>OR</u>	Print Name of Partnership
By: Signature of Authorized Person	- -	By:Signature of Partner
By: Signature of Authorized Person		By:Signature of Partner
		By:Signature of Partner
PT&C FORENSICS, INC.	_	
Print Name of Corporation	<u>OR</u>	Print Name of Limited Liability Company
By Signature of Authorized Person		By: Signature of Authorized Person
By: Signature of Authorized Person	_	By:Signature of Authorized Person