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

Fictitious Business Name Statement
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number	2. Exact Name of the Limited Liability Company
000485160	Capio Partners, LLC

3. The fictitious business name to be used is:

Attention

4. The state or country the entity is formed is:	5. The date of formation is:
Texas	02/05/2008

6. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.

Name of Applicant Limited Liability Company	Date
Capio Partners, LLC	11/16/2018

Signature of Authorized Person

S. DeBoer   SIGN DOCUMENT HERE

FILED

NOV 2 0 2018   1:47

BY XT390

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

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.

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:

November 20, 2018 01:47 PM

Nellie M. Gorbea
Secretary of State