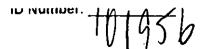
rung ree: \$100.00

Licensè Fee: \$15.00 minimum (§7-1.1-124)





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

		eral Laws, 1956, as amended, the undersigned corporation hereby applies e of Rhode Island, and for that purpose submits the following statement:				
1. TI	The name of the corporation is MOBILE INSTRUMENT SERVICE & REPAIR, INC. (0)k					
2. It	It is incorporated under the laws of OHIO					
3. TI	name, if different, which it elects to use in Rhode Island is:					
(a	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		nd, then set forth below the fictitious name under which the corporation wi stated in the "Fictitious Business Name Statement" to be filed with thi				
4. TI	ne date of its incorporation is OCT 31, 1988	and the period of its duration isETERNAL				
	he address of its principal office in the state or country WATER AVENUE, BELLEFONTAINE, OHIO 4	y under the laws of which it is incorporated is				
— 5. TI	no address of its proposed registered office in Rhode	Island is SUITE 900, 170 WESTMINSTER STREET				
	The address of its proposed registered office in Rhode Island is SUITE 900, 170 WESTMINSTER STREET (Street)					
P 	ROVIDENCE , RI 02903	and the name of its proposed registered agent in Rhode Island at				
	(City/Town) (Zip Code	e)				
th	at address is CORPORATION SERVICE COMPAN	NY ·				
7. T	ne specific purpose or purposes which it proposes to p	pursue in the transaction of business in Rhode Island are:				
	PEN AND REPAIR HAND HELD SURGICAL INSTITALS, DOCTORS, ETC.	STRUMENTS, SCOPES, AND POWER EQUIPMENT FOR				
_		nd afficers are				
). II	he names and respective addresses of the directors at Name					
		Address				
_	irector	- AMIT				
D	irector	9364 HICKORY LANE HUNTEVILLE OUTO 42224				
0 P	resident DWIGHT E. REED	9264 HICKORY LANE, HUNTSVILLE, OHIO 43324 3921 GLENHURST DRIVE, SMYRNA, GA 30080				
D P V	irector					

TOTAL PROPERTY OF THE PROPERTY

Form No. 27A Revised 10/97

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	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value			
	1,000	COMMON	· .	\$1.00			
10	The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if within a class, is:						
	Number of Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value			
	480	COMMON		\$1.00			
11.	11. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$\frac{3}{600},000.00						
	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$						
	(c) An estimate, expressed as a percentage, of 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 % [divide (b) by (a) and multiply by 100 to obtain the percentage].						
12.	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$_10,000,000.00.						
	(b) An estimate 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 is \$_8,000.00						
	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year % [divide (b) by (a) and multiply by 100 to obtain the percentage].						
13. This application is accompanied by certified copies of its articles of incorporation and all amendments thereto, duly authenticated by the secretary of state or other authorized officer of the jurisdiction of its incorporation.							
Da	ted <u>JULY 27</u>	_, 19 <u>98</u>		UMENT SERVICE & REPAIR, INC. ate Name of Corporation Making Application)			
	Fi	.ÈÜ	By Lug	ent or Vice President (check one)			
	JUL :	3 t 1998 208286	By <u>Chan</u>	les D. Reed			
	ATE OF OHIO OUNTY OF LOGAN)×08-2-4V	⊠ Secreta	ary or Assistant Secretary (check one)			
	In RELLEGINTAINE	on this 27TH	i .	, 19 98 , personally appeared before me			
<u>DWIGHT E. REFD</u> , an officer of the corporation, who, under eath, verified that the information contained in this Application is true and accurate.							
	· · · · · · · · · · · · · · · · · · ·		Jan	. Wosaon PAM WASSON			
•			Notary Public My Commission F	coires: 9-19-99			

G0435-1397

Form ARF, August 1983
Prescribed by Sherrod Brown
Secretary of State

APPROVED

10-8/ &

Articles Of Incorporation

(Under Chapter 1701.01 et seq.)
Profit Corporation

The underxigned a majority of whom are citizens of the United States, desiring to form a corporation, for profit, under Sections 1701.01 et seq. of the Revised Code of Ohio, do hereby certify:

FIRST. The name of said corporation shall be Mobile Instrument Service & Repair, Inc.

SECOND. The place in Ohio where its principal office is to be located is

117 B. Patterson St., Bellefontaine, Logan
(City, Village or Township)

County.

THIRD. The purposes for which it is formed are: to engage in any lawful act or activity for which a corporation may be formed in Ohio pursuant to Section 1701.01-1701.98 of the Ohio Revised Code.