

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence. ☺

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is: ☺
1112 Railroad St Suite 4, Bemidji, Minnesota 56601

8. The mailing address for the limited liability company is: ☺
1112 Railroad St Suite 4, Bemidji, Minnesota 56601

9. Management of the Limited Liability Company: ☺
The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**
☒ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) ☺
☐ By one (1) or more managers (List managers below) ☺

MANAGER	ADDRESS

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing. ☺

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY** ☺
☒ Date received (Upon filing)
☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

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

Type or Print Name of LLC Truax Patient Services, LLC	Date 8/31/2020
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Signature of Authorized Person
Brian Truax Brian Truax, Member

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Truax Patient Services, LLC
Date Filed:	08/10/2020
File Number:	1171015400027
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 08/27/2020



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

2020 SEP -3 AM 10:22
R-1 DEPT. OF STATE
BUS. SVCS. DIV.



State of Rhode Island

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,
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:

September 03, 2020 10:22 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

