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State of Rhode Island  
Department of State - Business Services Division

**Application for Certificate of Authority**

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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Pursuant to the provisions of RI GL 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: <b>ELECTROMED, INC.</b>		
2. It is incorporated under the laws of: <b>Minnesota</b>		
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: <b>10/16/1992</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____ the		
5. The address of its principal office is: <b>500 6th Avenue NW New Prague, MN 56071</b>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <b>Registered Agent Solutions, Inc.</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Blvd., Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

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

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

Medical Device

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
SEE ATTACHED RIDER	

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	SEE ATTACHED RIDER	
VICE PRESIDENT		
TREASURER		
SECRETARY		

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
13,000,000	Common	N/A	\$0.01
2,000,000	Undesignated	N/A	\$0.01

10. An estimate, 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. (Note: Percentage obtained from worksheet.)

0.00 %

11. An estimate, as a percentage, of 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: Percentage obtained from worksheet.)

0.40 %

STATE OF RHODE ISLAND  
APPLICATION FOR CERTIFICATE OF AUTHORITY  
FOREIGN BUSINESS CORPORATION  
OF  
ELECTROMED, INC. (CONT'D)

8a) The names and respective addresses of its directors:

James Cunniff, Director – 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

Kathleen S. Skarvan, Chairman & Director – 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

Stan K. Erickson, Director – 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

Greg Fluet, Director, 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

Joseph L. Galatowitsch, Director - 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

Andrew J. Summers, Director - 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

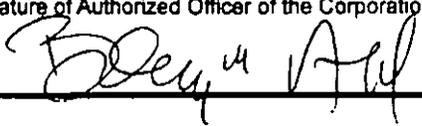
Kathleen A. Tune, Director - 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

Andrea M. Walsh, Director - 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

8b) The names and respective addresses of its principal officers:

James Cunniff, CEO– 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

Bradley Nagel, CFO, Secretary & Treasurer – 500 6<sup>th</sup> Avenue NW, New Prague, MN 56071, USA

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
14. <i>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.</i>	
Type or Print Name of Authorized Officer	Date
Bradley Nagel, CFO	10/23/2024
Signature of Authorized Officer of the Corporation	
	

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](mailto:corporations@sos.ri.gov).

**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: Electromed, Inc.  
Date Filed: 10/16/1992  
File Number: 70-794  
Minnesota Statutes, Chapter: 302A  
Home Jurisdiction: Minnesota

This certificate has been issued on: 10/24/2024



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

October 25, 2024 12:16 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

