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From:

: C T CORPORATION SYSTEM Account Name

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Phone

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Fax Number

DISSOLUTION OR WITHDRAWAL ORIDION CAPNOGRAPHY, INC.

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PAGE 01/03

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TO:	Amendment Section Division of Corporations	
SURI	PCT: Oridion Capnography, Inc.	
2020	(Name of Corporation)	
DOC	UMENT NUMBER: F02000004448	
	aclosed withdrawal application and fee are submitted for filing. return all correspondence concerning this matter to the following:	
•	Cheryl L. Copeland-Lewis	
	(Name of Person)	
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,	Covidien :	
	(Firm/Company)	
	15 Hampshire Street	
	(Address)	
	(Antonoo)	
	Mansfield, MA 02048	
	(City/State and Zip code)	
•		٠:
For fur	ther information concerning this matter, please call:	
•	Chervl L. Copeland-Lewis at (508) 452-4311	
	Cheryl L. Copeland-Lewis at (508) 452-4311 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclose	ed is a check for the amount:	•
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Oridion Capnography, Inc.

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Vias Dussidant	
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(Title of person signing)	
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	Vice President (Tide of person signing)

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