

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
REGISTRATION DIVISION
(651) 296-2211

IN THE MATTER OF THE REGISTRATION OF:
REALIEF NEUROPATHY CENTERS FRANCHISE AGREEMENT
By BIOLYST LLC

ORDER OF
REGISTRATION

WHEREAS, an application has been filed pursuant to Minn.
Stat. §80C.04; and

WHEREAS, the applicant has complied with the requirements
of registration,

NOW, THEREFORE, IT IS ORDERED, that the registration be
declared effective as of the date set forth below.



MIKE ROTHMAN
Commissioner
Department of Commerce
85 7th Place East, Suite 500
St Paul, MN 55101

Date: June 7, 2011
dlw

UNIFORM FRANCHISE REGISTRATION APPLICATIONState of Minnesota
Dept. of Commerce

MAY 11 2011

6661

File No. _____
(Insert file number of immediately preceding filing of Applicant)State: MinnesotaFee: \$400**APPLICATION FOR (Check only one):**

- INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES**
- RENEWAL APPLICATION OR ANNUAL REPORT**
- PRE-EFFECTIVE AMENDMENT**
- POST-EFFECTIVE MATERIAL AMENDMENT**

FYE
12/31/111. **Full legal name of Franchisor:**

Biolyst, LLC

2. **Name of the franchise offering:**

Realief™ Neuropathy Centers

EH
6/7/11
N3. **Franchisor's principal business address:**Carlson Towers, Suite 1050
601 Carlson Parkway
Minneapolis, MN 553054. **Name and address of Franchisor's agent in this State authorized to receive service of process:**Commissioner of Commerce
Minnesota Department of Commerce
85 - 7th Place East, Suite 500
St. Paul, MN 551015. **The states in which this application is or will be shortly on file:**

Minnesota

6. Name, address, telephone and facsimile numbers, and email address of person to whom communications regarding this application should be directed:

Elizabeth S. Dillon, Gray, Plant, Mooty, Mooty & Bennett, 500 IDS Center, 80 South Eighth Street, Minneapolis, Minnesota 55402, Telephone: (612) 632-3284, Fax: (612) 632-4284, elizabeth.dillon@gpmlaw.com

Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of MAY 10, 2011, attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at Minneapolis, Minnesota, on MAY 10, 2011

Franchisor:


BIOLYST, LLC

By: 

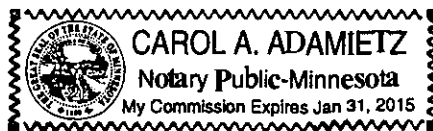
Name: Philip S. Walter

Title: President and Chief Executive Officer

Subscribed and sworn to before me this 10th day of May, 2011.


Notary Public

GP:2975878 v1



This is a document preview downloaded from FranchisePanda.com. The full document is available for free by visiting: <https://franchisepanda.com/franchises/realief-neuropathy-centers>