

# State of Idaho

## Department of State

### AMENDED CERTIFICATE OF AUTHORITY OF

REHABCARE CORPORATION

File Number C 88816

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of REHABCARE CORPORATION for an Amended Certificate of Authority to transact business in this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to REHABCARE GROUP, INC. to transact business in this State under the name REHABCARE GROUP, INC. and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated: February 29, 1996



*Pete T. Cenarrusa*  
SECRETARY OF STATE

By

*[Signature]*

# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

FEB 29 2 25 PM '96

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-118, Idaho Code, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement.

1. A Certificate of Authority was issued to the corporation by your office on March 9 19 89,  
authorizing it to transact business in the State of Idaho under the name of REHABCARE CORPORATION

2. Its corporate name has been changed to REHABCARE GROUP, INC.

(Note: If the corporation name has not been changed, insert "No change.")

3. The name which it shall use hereafter in the State of Idaho is \_\_\_\_\_

4. It desires to pursue in the transaction of business in the State of Idaho purposes other than or in addition to those set forth in its prior application for certificate of authority, as follows: No Change

(Note: If no additional purposes are proposed, insert "No change.")

Dated 2/19/96

REHABCARE GROUP, INC.

(Corporation Name)

By \_\_\_\_\_

Its President, Vice President, Secretary, or Assistant Secretary  
(please specify)

John R. Finkenkiller  
Vice President

Submit application and filing fee to:

Office of the Secretary of State  
Division of Corporations  
700 West Jefferson  
PO Box 83720  
Bouse, Idaho 83720-0080

File two copies.

If a name change, attach certificate of fact from state of incorporation

Fee: \$30.00

Secretary of State use only

CACA  
IDAHO SECRETARY OF STATE

DATE 02/29/1996 0900 41535

2

CK #: 14100736 CUST# 15948

AMEND CERT

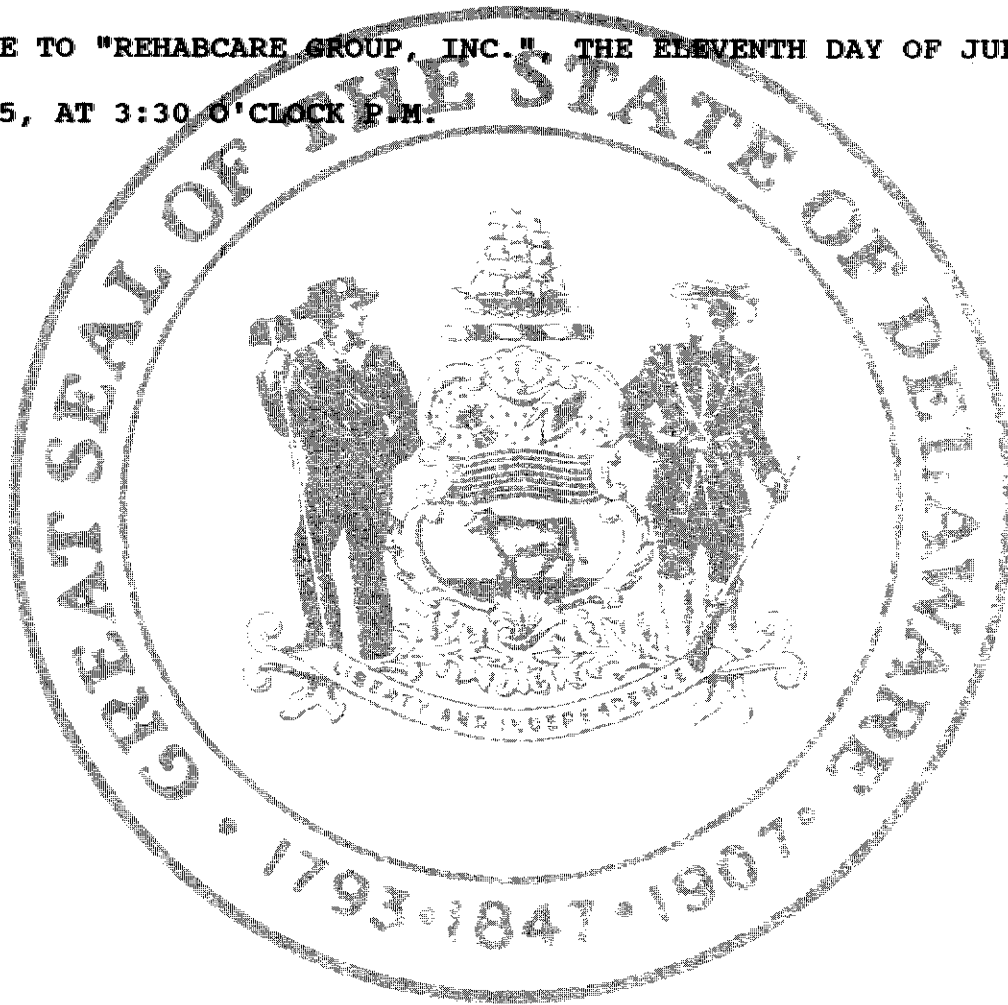
1@ 30.00= 30.00

##

## Office of the Secretary of State

FEB 29 2 25 PM '96

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF  
STATE OF IDAHO  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "REHABCARE  
CORPORATION", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS  
NAME TO "REHABCARE GROUP, INC." THE ELEVENTH DAY OF JULY, A.D.  
1995, AT 3:30 O'CLOCK P.M.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

0941632 8320

950291621

AUTHENTICATION:

7747776

DATE:

12-13-95