

# State of Idaho

Office of the Secretary of State

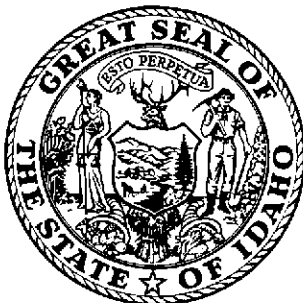
**CERTIFICATE OF REGISTRATION  
OF  
HEALTHCARE BILLING ADMINISTRATORS, LLC**

File Number W 176475

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: January 11, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By \_\_\_\_\_

*[Signature]*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 JAN 11 PM 2:01

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Healthcare Billing Administrators, LLC
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
 

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Indiana  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
2002 Wellesley Blvd., Indianapolis, IN 46219  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
2002 Wellesley Blvd., Indianapolis, IN 46219  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)
8. The name of the registered agent and street address of registered agent in Idaho:  
C T Corporation System                      921 S Orchard Street, Suite G, Boise, Idaho 83705  
(Name)    (Address)
9. The name, capacity, and mailing address of at least one governor:  

<u>Feroze A. Waheed</u>	<u>Manager</u>	<u>2002 Wellesley Blvd., Indianapolis, IN 46219</u>
(Name)	(Capacity)	(Address)

_____ (Name)	_____ (Capacity)	_____ (Address)
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Signature: \_\_\_\_\_

Typed Name: Feroze A. Waheed

Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

01/11/2017 05:00

CK: PREPAID CT: 272665 BH: 1563480

1@ 100.00 = 100.00 FOR REG ST #2

1@ 20.00 = 20.00 EXPEDITE C #3

W176475

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**HEALTHCARE BILLING ADMINISTRATORS, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 26, 2016, and was in existence or authorized to transact business in the State of Indiana on January 10, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 10, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>