

State of Idaho

Office of the Secretary of State

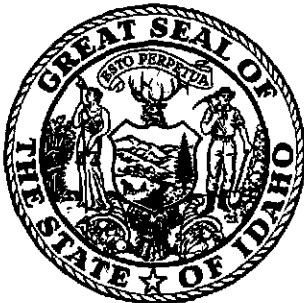
**CERTIFICATE OF REGISTRATION
OF
CARE VALUE, INC.**

File Number C 207782

I, LAWERENCE 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: November 16, 2015



Lawrence Denney
SECRETARY OF STATE

By *Paul Butters*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2015 NOV 16 AM 9:54
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Care Value, Inc.
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:

- ☒ Business Corporation ☐ General Partnership
☐ Nonprofit Corporation ☐ General Cooperative Association
☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)
☐ Limited Liability Company ☐ 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: NEW YORK
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
- | | | | |
|--|------------------------------|----------------------|---------------------------|
| <u>5263 Park Side Dr.</u>
(Street Address) | <u>Canandaigua</u>
(City) | <u>NY</u>
(State) | <u>14424</u>
(Zipcode) |
| <u>PO BOX 25207</u>
(Mailing Address, if different) | <u>Farmington</u>
(City) | <u>NY</u>
(State) | <u>14425</u>
(Zipcode) |

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
- | | | | |
|--|-----------------|------------------|--------------------|
| _____
(Street Address) | _____
(City) | _____
(State) | _____
(Zipcode) |
| _____
(Mailing Address, if different) | _____
(City) | _____
(State) | _____
(Zipcode) |

7. The mailing address to which correspondence should be addressed, if different from item 5, is:
- | | | | |
|--------------------|-----------------|------------------|--------------------|
| _____
(Address) | _____
(City) | _____
(State) | _____
(Zipcode) |
|--------------------|-----------------|------------------|--------------------|

8. Name and street address of registered agent in Idaho:
- | | | | | |
|---|--------------------------------------|------------------------|----------------------|---------------------------|
| <u>Idaho DOI Director Dean L. Cameron</u>
(Name) | <u>700 W State FL 3</u>
(Address) | <u>Boise</u>
(City) | <u>ID</u>
(State) | <u>83702</u>
(Zipcode) |
|---|--------------------------------------|------------------------|----------------------|---------------------------|

9. The name, capacity, and mailing address of at least one governor:
- | | | | | | |
|---------------------------------|--------------------------------|----------------------------------|-----------------------------|----------------------|---------------------------|
| <u>Brian D. Doyle</u>
(Name) | <u>President</u>
(Capacity) | <u>PO BOX 25207</u>
(Address) | <u>Farmington</u>
(City) | <u>NY</u>
(State) | <u>14425</u>
(Zipcode) |
| _____
(Name) | _____
(Capacity) | _____
(Address) | _____
(City) | _____
(State) | _____
(Zipcode) |

Typed Name: Brian D. Doyle

Signature: _____

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

11/16/2015 05:00

CK:1457 CT:316831 BH:1500538

1@ 100.00 = 100.00 FOR REG ST #2

C207782

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of CARE VALUE, INC. was filed on 08/09/2010, under the name of SIMPLE SENIOR BENEFITS INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment SIMPLE SENIOR BENEFITS INC., changing its name to CARE VALUE, INC., was filed 03/24/2014.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 17th day of August two
thousand and fifteen.*



Executive Deputy Secretary of State