State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

2017 TRANZFER INSURANCE SOLUTIONS LLC

File Number W 192393

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: December 5, 2017



SECRETARY OF STATE

By Contral



FOREIGN REGISTRATION STATEMENT DEC -5 PM 2:01

Title 30, Chapter 21, Idaho Code

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

Larry Lundgren for TZ Insurance Solutions LLC

Complete and submit the form in duplicate.

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity is: 2017 TRANZFER INSURANCE SOLUTIONS LLC				
2.	2. The name which it shall use in Idaho is:				
3.	(Enter a name here, only if you are required to adopt an alternate name) Select the type of entity you wish to register:				
	☐ Business Corporation	-	Partnership		
	☐ Nonprofit Corporation	☐ Genera	Cooperative Associ	ation	
	☐ Limited Liability Partnership			g a limited liability limited partnership	
	☑ Limited Liability Company	☐ Statuto	y Trust, Business Tr	ust, or Common-law Business Trust	
	Other: (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)				
	Jurisdiction of formation: Delaware (Provide the domestic jurisdiction where the entity was formed)				
5.	The address of its principal office is: 2200 Fletcher Ave. 4th Floor Fort Lee, NJ 07024 (Street Address)				
	(Mailing Address, if different)				
				a jurisdiction of formation) in:	
ο.	 The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: E. Loockerman Street Suite 311 Dover, DE 19901 				
	(Street Address)				
(Mailing Address. if different)				· · · · · · · · · · · · · · · · · · ·	
7	7. The mailing address to which correspondence should be addressed, if different from item 5, is: (Address)				
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Name and street address of registered agent in Idaho:					
	Registered Agent Solutions, Inc. 921 S. Orchard Suite G Boise, ID 83705				
(Name) (Address)					
9.	The name, capacity, and mailing address of at least one governor:				
•	•				
	(Name)	Manager (Capacity)	(Address)	ve. 401 Floor Fort Lee, NJ 07024	
	TruBridge, Inc.	Member	,	reet, North Canton, OH 44720	
	(Name)	(Capacity)	(Address)	reet, Notifi Cantoll, Oli 77720	
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			*		
	IDAHO SECRETARY OF STATE				
Typed Name: Larry Lundgren 9 12/05/2017 05:00					
	Typed Name:		State use	CK:PREPAID CT:221028 BH:1614861	
	Signature:	4	n S	16 100.00 = 100.00 FOR REG ST #2	

Rev. 08/2015

W192393

10 20.00 = 20.00 EXPEDITE C #3



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "2017 TRANZFER INSURANCE SOLUTIONS LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2017 TRANZFER INSURANCE SOLUTIONS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

ARVS OF THE PROPERTY OF THE PR

6598945 8300 SR# 20176904491 Authentication: 203504395

Date: 11-02-17