

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY
OF
MICARE, LLC**

File Number W 116194

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: August 6, 2012



Ben Yursa
SECRETARY OF STATE

By

Andie Corbus



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG -6 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

miCare, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: Montana

4. The name and complete street address of the registered agent in Idaho is:

CT Corporation System

1111 West Jefferson, Suite 530, Boise, ID 83702

5. The street and mailing address of the limited liability company's principal office is:

2075 Overland Avenue, Billings, MT 59102

Street Address

PO Box 21367, Billings, MT 59104

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

2075 Overland Avenue, Billings, MT 59102

Street Address

PO Box 21367, Billings, MT 59104

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

Employee Benefit Management

Services, Inc. 2075 Overland Ave

Billings, MT 59102

8. The mailing address for future correspondence:

2075 Overland Avenue, Billings, MT 59102

9. Signature of a manager, member or authorized person.

Signature

Kevin J. Larson

Typed Name

Secretary of State use only

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08/06/2012 05:00
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SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

MICARE, LLC

duly filed its Articles of Organization in this office on 17 March 2006, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 3 August 2012 .

LINDA MCCULLOCH
Secretary of State
Certified File Number: C154132