

# State of Idaho

Office of the Secretary of State

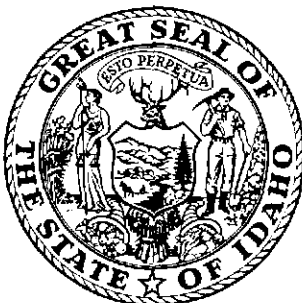
**AMENDED CERTIFICATE OF REGISTRATION  
OF  
REGENERON HEALTHCARE SOLUTIONS, INC.**

**File Number C 206157**

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an Application for Amended Foreign Registration 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 Amended Certificate of Foreign Registration to transact business in this State and attach hereto a duplicate of the application for such amended certificate.

Dated: September 17, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By *Beatty*



# AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2015 SEP 17 PM 1:48

SECRETARY OF STATE  
STATE OF IDAHO

1. Entity name: Regeneron Healthcare Solutions, Inc.

2. The entity name is amended to: \_\_\_\_\_

a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:

\_\_\_\_\_

3. The entity type is amended to:

- |  |  |
|--|--|
| <input checked="" 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 type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust           |

☐ Other: \_\_\_\_\_  
(Provide unlisted foreign entity type here)

4. The entity's jurisdiction is amended to: \_\_\_\_\_

5. The street and mailing address(es) of its principal office is amended to:

745 OLD SAW MILL RIVER RD	TARRYTOWN	NY	10591
(Street Address)	(City)	(State)	(Zipcode)
_____			
(Mailing Address, if different)	(City)	(State)	(Zipcode)

Typed Name: Robert J. Terifay

Signature: \_\_\_\_\_

Capacity: Director

Secretary of State use only

IDAHO SECRETARY OF STATE

09/17/2015 05:00

CK: PREPAID CT: 278665 BH: 1492721

1@ 30.00 = 30.00 AMD FOR RE #2

1@ 20.00 = 20.00 EXPEDITE C #3

C2006157