

AUTOM	HEALTHCARE	CPDUTCES.	TWO
MUUUUT	REALITHMANE	DULATORD.	

, ,	95976-7092	
	Constitute of the state of the	
	Department of State.	
	CERTIFICATE OF AUTHORITY OF	
	AUGUST HEAL/THCARE SERVICES, INC.	
	I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that	
	duplicate originals of an Application of AUGUST HEALTHCARE SERVICES, INC.	
	for a Certificate of Authority to transact business in this State.	
	duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have	
	been received in this office and are found to conform to law. ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of	
	Authority to AUGUST HEALTHCARE SERVICES, INC.	
	to transact business in this State under the name AUGUST HEALTHCARE SERVICES, INC.	
	and attach hereto a duplicate original of the Application	
	for such Certificate.	
	Dated August 01, 1991	

SECRETARY OF STATE

Chality Zavala

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

	The name of the corporation is	August	Healt!	ncare Se	ervi	ces, In	C.
	•	•				י טטוז בנ	. An 3 19.
	The name which it shall use in Ida	ho is					
	(To be used only when required t Board of Directors resolution add				ady o	n file. Must	be accompanied by
	It is incorporated under the laws o	f <u>Dela</u>	ware				
	The date of its incorporation is	February	6, 19 ^e) 0		and the	period of its duratio
	perpetual		- •				
	The address of its principal office c/o The Corporation 1209 Orange St., Wi	Trust Co	ompany		vs of t	which it is in	corporated is
	The address to which corresponded to the Employee Benefit 435 Ford Rd., Ste.	t Plans, 500, Min	Inc. neapol	is, MN 5	5542	! 6	
	The street address of its proposed	registered offic	ce in Idaho	is 300	Nort	h 6th Stree	
	Boise, Idaho 83701					, and the	name of its propose
	registered agent in Idaho at that ac	ddress isC	T CORP	DRATION	SYST	ГЕМ	
	The purpose or purposes which it						laho are:
	Utilization review a	services	and a	ny and a	11	lawful	business
	purposes						
	The names and respective address	es of its direc	tors and o	fficers are:			
	SEE ATTACHE	D LIST Office				Address	
	Name	Office					
_	Name						
	Name						
	Name				,	NORKLEN U	

(continued on reverse)

•		Address
		•
	. *************************************	
• •	4 14	
. The corporation accepts and Idaho.	shall comply with the	provisions of the Constitution and the laws of the State of
This Ameliansian is sans	aind has a postificate of	Companie Status or Evistance duly authenticated by the
		Corporate Status or Existence, duly authenticated by the the laws of which it is incorporated.
hun 27 100	•	•
sted: SUM 21, 1991		
	August	Healthcare Services, Inc.
		(Corporation Name)
	Ву	ta El
	Aprel	Its President/Vice President (please specify) It y. Eftekhari, Executive Vice President
	and	Use Corpetary Assistant Secretary (please specify)
ATEOF Minnesota	· N	Its Secretary/Assistant Secretary (please specify) nothy W. Kuck, Assistant Secretary
	· N	nothy W. Kuck, Assistant Secretary (please specify)
OUNTY OF Hennepin		Tis Secretary Assistant Secretary (please specify) mothy W. Kuck, Assistant Secretary
		nothy W. Kuck, Assistant Secretary (please specify) nothy W. Kuck, Assistant Secretary , a notary public, do hereby certify that on
OUNTY OF Hennepin 1, Jane L. Bink	Tin) ss: hind	
OUNTY OF Hennepin 1, Jane L. Bink		nothy W. Kuck, Assistant Secretary
	tin) ss: hind y of June	
OUNTY OF Hennepin I, Jane L. Bick 21th de Amir H. Eftekhar	tin) ss: hind y of Sune i	, a notary public, do hereby certify that on , 19 9/, personally appeared before

EXHIBIT A

AUGUST HEALTHCARE SERVICES, INC.

OFFICERS AND DIRECTORS

William E. Sagan
President, Chief Executive Officer & Director
Employee Benefit Plans, Inc.
435 Ford Road, Suite 500
Minneapolis, MN 55426
612/546-4353
1300 French Creek Drive
Wayzata, MN 55391
SSN: 191-42-5689

Jon D. Gruenhagen
Treasurer & Chief Financial Officer
Employee Benefit Plans, Inc.
435 Ford Road, Suite 500
Minneapolis, MN 55426
612/546-4353
7697 W. 157th Street
Apple Valley, MN 55124
SSN: 474-80-9826

Held Position: 3/2/90

Held Position: 3/2/90

Robert P. Brook Vice President Employee Benefit Plans, Inc. 435 Ford Road, Suite 500 Minneapolis, MN 55426 612/546-4353 5804 Schaefer Road Edina, MN 55436 SSN: 565-98-7191

Held Position: 3/2/90

Amir H. Eftekhari
Executive Vice President & Chief
Operating Officer
Employee Benefit Plans, Inc.
435 Ford Road, Suite 500
Minneapolis, MN 55426
612/546-4353
10201 Laurel Drive
Eden Prairie, MN
SSN: 471-92-2938
Held Position: 6/1/90

Mark A. Sorenson
Vice President & Secretary
Employee Benefit Plans, Inc.
435 Ford Road, Suite 500
Minneapolis, MN 55426
612/546-4353
8002 Orchid Lane
Maple Grove, MN 55369
SSN: 479-74-8134
Held Position: 3/2/90 (VP)
6/1/90 (Sec.)

William M. Thompson
Vice President
August Healthcare Services, Inc.
2099 South State College Boulevard
Suite 400
Anaheim, CA 92806-6142
714/938-2600
17822 Beach Blvd, #454
Huntington Beach, CA 92647
SSN: 345-20-7957

Held Position: 6/1/90

Timothy W. Kuck
Assistant Secretary
Popham, Haik, Schnobrich & Kaufman, Ltd.
222 South Ninth Street
Suite 3300
Minneapolis, MN 55402
612/333-4800
5604 Code Avenue
Edina, MN 55436
SSN: 503-66-0823

Held Position: 6/1/91



Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF

DELAWARE DO HEREBY CERTIFY AUGUST HEALTHCARE SERVICES, INC. IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE DATE SHOWN BELOW.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

* * * * * * * * *

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Michael Harkins, Secretary of State
*3123660

AUTHENTICATION:

DATE:

07/26/1991