

State of Idaho

Office of the Secretary of State

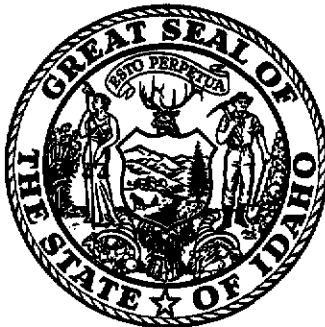
**CERTIFICATE OF AUTHORITY
OF
NAVIGATOR HEALTH MANAGEMENT SOLUTIONS, INC.**

File Number C 184554

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 Business Corporation 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: September 23, 2009



Ben Ysursa
SECRETARY OF STATE

By

Randa McChany



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

09 SEP 22 PM 1:05

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is:
Navigator Health Management Solutions, Inc.
- The name which it shall use in Idaho is: Navigator Health Management Solutions, Inc.
- It is incorporated under the laws of: TN
- Its date of incorporation is: 11/27/2002
- The address of its principal office is:
1000 Corporate Centre Dr. Suite 100 Franklin, TN 37067
- The address to which correspondence should be addressed, if different from item 5, is:

- The street address of its registered office in Idaho is: 921 S. Orchard Suite G Boise, Idaho 83705
and its registered agent in Idaho at that address is: Registered Agent Solutions, Inc.
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Mark Eaton</u>	<u>President</u>	<u>1000 Corporate Centre Dr. Suite 100</u> <u>Franklin, TN 37067</u>
<u>Steve Eaton</u>	<u>VP</u>	<u>5445 Triangle Pkwy Suite 260</u> <u>Norcross, GA 30092</u>
<u>Debbie Eaton</u>	<u>VP</u>	<u>1000 Corp. Centre Dr. Suite 100</u> <u>Franklin TN 37067</u>

Dated: 09/15/2009

Signature: Debbie Eaton

Typed Name: Debbie Eaton

Capacity: VP
[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

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Revised 09/2005

IDAHO SECRETARY OF STATE
09/22/2009 05:00
CK: 8385 CT: 248772 BH: 1188036
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Web Form

C184554

Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 09/15/2009
REQUEST NUMBER: 09258105
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/27/2002
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0437412
JURISDICTION: TENNESSEE

TO:
TRISTA FRENCH
1000 CORPORATE CENTR
STE 100
FRANKLIN, TN 37067

REQUESTED BY:
TRISTA FRENCH
1000 CORPORATE CENTR
STE 100
FRANKLIN, TN 37067

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"NAVIGATOR HEALTH MANAGEMENT SOLUTIONS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/15/09

FROM:
NAVIGATOR HEALTH MANAGEMENT SOLUTIONS
1000 CORPORATE CTR
DRIVE STE 100
FRANKLIN, TN 37067-0000

RECEIVED:	FEES	
	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00004668937
ACCOUNT NUMBER: 00424666



SS-4458

Tre Hargett
TRE HARGETT
SECRETARY OF STATE