State of Idaho

Department of State

AMENDED CERTIFICATE OF AUTHORITY
OF

NATIONAL HOME CARE NETWORK OF AMERICA, INC. File Number C 111556

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of NATIONAL HOME CARE NETWORK OF AMERICA, INC. for an Amended Certificate of Authority to transact business in this State, duly executed 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 Amended Certificate of Authority to HOME CARE CHARITABLE FOUNDATION, INC. to transact business in this State under the name HOME CARE CHARITABLE FOUNDATION, INC. and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated: February 1, 1996

THE STATE OF STATE OF

Secretary OF STATE

By Sally I Clark

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

SECRETARY STATE

		STATE OF SAHO	
	the State of Idaho: 1-118, Idaho Code, the undersigned Corporation in transact business in the State of Idaho and for the	hereby applies for an amende	
A Certificate of Authority	was issued to the corporation by your office on _	August 119,_9	5
authorizing it to transact	business in the State of Idaho under the name of		
National Home C	are Network of America, Inc.		
Its corporate name has l	been changed to Home Care Charitable Fo	undation, Inc.	-
The name which it shall	(Note: If the corporation name has not been changed, insertuse hereafter in the State of Idaho is	"No change.")	
It desires to pursue in th	e transaction of business in the State of Idaho pur r application for certificate of authority, as follows:		1 to
It desires to pursue in th			1 to
It desires to pursue in th	e transaction of business in the State of Idaho pur	No Change	ı to
It desires to pursue in th	e transaction of business in the State of Idaho pur r application for certificate of authority, as follows:	No Change	1 to
It desires to pursue in the	e transaction of business in the State of Idaho pur rapplication for certificate of authority, as follows: (Note: If no additional purposes are proposed, insert "Note: Home: Care Charitable Foundational purposes."	No Change	ı to
It desires to pursue in the	e transaction of business in the State of Idaho purpose rapplication for certificate of authority, as follows: (Note: If no additional purposes are proposed, insert "Note to be additional purpose are proposed, and the additional purpose are proposed, and the additional purpose are proposed are proposed are	No Change change.7 ation, Inc. ation Name)	n to
It desires to pursue in the	e transaction of business in the State of Idaho pur rapplication for certificate of authority, as follows: (Note: If no additional purposes are proposed, insert "Note: The Care Charitable Foundation (Corporate Representation of the President Vice President).	No Change o change.7	n to
It desires to pursue in the	e transaction of business in the State of Idaho pur rapplication for certificate of authority, as follows: (Note: If no additional purposes are proposed, insert "Note: The Care Charitable Foundation (Corporate Representation of the President Vice President).	No Change change.7 ation, Inc. ation Name)	n to

Submit application and filing fee to:

Office of the Secretary of State Division of Corporations 700 West Jefferson PO Box 83720 Boise, Idaho 83720-0080

File two copies. If a name change, attach certificate of fact from state of incorporation. Fee: \$30.00

IDAHO SECRETARY OF STATE

Secretary of State DAGED 482/01/1995 0900

CK #: 1065

CUST# 64737

AMEND CERT 30.00=

10

30.00



Department of State

I certify from the records of this office that NATIONAL HOME CARE NETWORK OF AMERICA, INC. which changed its name to HOME CARE CHARITABLE FOUNDATION, INC. on September 28, 1995, is a corporation organized under the laws of the State of Florida, filed on May 8, 1995.

The document number of this corporation is N95000002255.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1995, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twenty-first day of December, 1995

CR2EO22 (1-95)

Sandra B. Mortham Secretary of State