

State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY
OF

COMPLEMENTARY HEALTHCARE PLANS, INC.
File number C 133533

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that an Application for 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 Certificate of Authority to transact business in this State and attach hereto a duplicate of the Application for such Certificate.

Dated: April 19, 2000



Pete T. Cenarrusa
SECRETARY OF STATE

By *[Signature]*

APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

APR 19 11 32 AM '00

To the Secretary of State of Idaho:

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

SECRETARY OF STATE
STATE OF IDAHO

- The name of the corporation is COMPLEMENTARY HEALTHCARE PLANS, INC.
- The name which it shall use in Idaho is same
- It is incorporated under the laws of Oregon
- Its date of incorporation is October 12, 1989
- The address of its principal office is 5319 SW Westgate Drive, Suite 130, Portland, Oregon 97221-2430
- The address to which correspondence should be addressed, if different from item 5, is _____
- The street address of its registered office in Idaho is c/o C T Corporation System, 300 North 6th Street, Boise, Idaho 83702, and its registered agent in Idaho at that address is C T Corporation System

00 APR 20 AM 10:21
SECRETARY OF STATE
STATE OF IDAHO

8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
See attached sheet.		

Dated: April 10, 2000

Complementary Healthcare Plans, Inc.
(Corporation name)

By Richard Brinkley

Its President
(specify capacity of signer)

Customer Acct #:

(if using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/20/2000 09:00
CK: 138017516 CT: 38212 BN: 310753

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1 @ 20.00 = 20.00 EXPEDITE C # 4

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Addendum to Idaho Application for Certificate of Authority
of
COMPLEMENTARY HEALTHCARE PLANS, INC.

8. The names and respective business addresses of its directors and officers are:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Richard D. Brinkley	President/Director	5319 SW Westgate Dr., Suite 130 Portland, OR 97221-2430
Pamella Marchand	Vice President	5319 SW Westgate Dr., Suite 130 Portland, OR 97221-2430
Jerry Fladoos, DC	Secretary/Director	5319 SW Westgate Dr., Suite 130 Portland, OR 97221-2430
Gary Edwards, FACHE	Director	5319 SW Westgate Dr., Suite 130 Portland, OR 97221-2430
Marian H. Fish, DC	Director	5319 SW Westgate Dr., Suite 130 Portland, OR 97221-2430
Richard H. Tilden, DC	Director	5319 SW Westgate Dr., Suite 130 Portland, OR 97221-2430
Arthur T. Walker, DC	Director	5319 SW Westgate Dr., Suite 130 Portland, OR 97221-2430
Bruce D. Chaser, DC	Director	5319 SW Westgate Dr., Suite 130 Portland, OR 97221-2430

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

COMPLEMENTARY HEALTHCARE PLANS, INC.

was

incorporated

under the Oregon

Business Corporation Act

on

October 12, 1989

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State



By *Jana S. Breneman*
Jana S. Breneman
April 14, 2000