

FILED/EFFECTIVE**STATEMENT OF QUALIFICATION OF
LIMITED LIABILITY PARTNERSHIP****(Instructions on back of application)**

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: CARE Billing Service, "LLP"
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
- The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is:
137 West 400 South
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 137 West 400 South
Jerome, Id. 83338
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:1) Gail Peterson

TypedName Gail Peterson

2) Virginia K Crandall

TypedName Virginia Crandall

3) Vicki Hepworth

TypedName Vicki Hepworth

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Secretary of State use only

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03/06/2002 05:00
CK: 4887 CT: 158160 BH: 450212
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