103406

# State of Idaho

## **Department of State**

CERTIFICATE OF AUTHORITY
OF

EBT HEALTHCARE, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of EBT HEALTHCARE, 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 EBT HEALTHCARE, INC. to transact business in this State under the name EBT HEALTHCARE, INC. and attach hereto a duplicate original of the Application for such Certificate.

Dated: September 17, 1993



Fite of Genericusa SECRETARY OF STATE

By ala Selfy

## APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

SEP 17 9 49 AM 193

To	the Secretary of State of Idaho	SEGHETARY OF STATE	
	Pursuant to Section 30-1-110, Idaho Code, the undersigned Co	rporation hereby applies for a Certificate of	
	Authority to transact business in your State, and for that purpose	submits the following statement:	
4	The second of th		
٦.	The name of the corporation is _EBT HEALTHCARE, INC.		
_	The many publish that is a second of the sec		
2.	The name which it shall use in Idaho is		
	(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by		
	a Board of Directors resolution adopting assumed name in Idaho	o. <b>)</b>	
2	It is incorporated under the laws of _Delaware		
4.	The date of its incorporation is July 6, 1993	and the period of its duration is	
	Ma		
	Perpetual		
5	The address of its arinainal office in the state or country under th	- favor of which it is incorporated in	
<b>5</b> .	The address of its principal office in the state or country under th	e laws or which it is incorporated is	
	1209 Orange Street, Wilmington, Delaware 19801	-1196	
_			
6.	The address to which correspondence should be addressed, if di	fferent from that in item 5.	
	3005 Mountain Ash Court, Garland, Texas 75044		
7.	The street address of its proposed registered office in Idaho is $\underline{3}$	00 North 6th Street	
	Boise, Idaho 83701	, and the name of its proposed	
		•	
	registered agent in Idaho at that address is C T Corporation	System	
8.	The purpose or purposes which it is proposed to pursue in the tra	ansaction of business in Idaho are:	
	mba accompany of the company in the company in	and the second of the second o	
	The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of Idaho.		
	which corporations may be organized to do business under the laws of idano.		
	(Continued on reverse)		
		Secretary of State use only IDANO SECRETARY OF STATE	
	Submit application and certificate of status to:	19930917 0900 20770 2	
	Office of the Secretary of State	CK 8: 29434 CUST8 1	
	Office of the Secretary of State Division of Corporations	CORP 10 120.00= 120.00	
	Statehouse, Room 203		
	Boise, Idaho 83720		
		#: C	
	· ·		

Name	Office	Address
See attached list of directors and officers		•
directors and officers	1	
		,
	<u></u>	
The corporation accepts and of Idaho.	d shall comply with the provisi	ons of the Constitution and the laws of the Sta
This application is accompa	nied by a Certificate of Corpor r country under the laws of whi	ate Status or Existence, duly authenticated by
higher aurost of the state of	Country under the laws of WA	on it is incorporated.
Pated:		
	E	BT HEALTHCARE, INC.
	)	(Corporation Name)
		de .
	By	Char
	1.	Dropidont/Vice Organidant /planes amazicu
	Λ	President/Vice President (please specify)
	and Dullin M	. Eyring
	and Dullin M	
STATE OF Texas	and Millip M. Phillip M. Eyring Its S.	. Eyring
	and Dullin M	. Eyring
	and Arillia M Phillip M. Eyring Its S  )ss:	ecretary/Assistant Secretary (please specify
	and Arillia M Phillip M. Eyring Its S  )ss:	ecretary/Assistant Secretary (please specify
OUNTY OF Dallas	and Arilly M Phillip M. Eyring Its So )ss:	ecretary/Assistant Secretary (please specify , a notary public, do hereby certify that on
Nickie L. Gib	and Arillia M Phillip M. Eyring Its S  )ss:	ecretary/Assistant Secretary (please specify , a notary public, do hereby certify that on
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## OFFICER/DIRECTOR RIDER

#### FOR

#### EBT HEALTHCARE, INC.

Roland A. Belanger	President/Director	3005 Mountain Ash Court Garland TX 75044
Philip M. Eyring	Secretary/Director	3005 Mountain Ash Court Garland TX 75044
Richard W. Torney	Treasurer/Director	3005 Mountain Ash Court Garland TX 75044

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#### State of Delaware

### Office of the Secretary of State

SEP 17 9 49 AM 193 SEGRETARY OF STATE

I. WILLIAM T. QUILLEN, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY EBT HEALTHCARE, INC. IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CURPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE DATE SHOWN BELOW.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



William T. Quillen, Secretary of State

AUTHENTICATION: \*4024540

DATE:

08/19/1993