91353

State of Idaho

Department of State

CERTIFICATE OF AUTHORITY
OF

PARTNERS HEALTH GROUP, INC.

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

Dated: January 16, 1992



Pete or Enaveusa

SECRETARY OF STATE

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To the Secretary of State of I

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ts directors a	and officer	s are:					
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	ould be add red office in is CTC sees to pursue ance pre- corporate ts directors in	ould be addressed, if defeated office in Idaho is corporations ts directors and officer	eet Rockford, IL ould be addressed, if different red office in Idaho is	eet Rockford, IL 611 ould be addressed, if different from red office in Idaho is	eet Rockford, IL 61101 ould be addressed, if different from that in i red office in Idaho is	ould be addressed, if different from that in item 5. red office in Idaho is	red office in Idaho is

(continued on reverse)

Name	Office	Address	;
SEE ATTACHED			
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Idaho. This Application is accompanied by	y a certificate of C	ovisions of the Constitution and the laws of the State of orporate Status or Existence, duly authenticated by the	
•	country under th	ne laws of which it is incorporated.	
d: 1/2/92	_ Dar	tagers Health Group, Inc.	
·		(Corporation Name)	
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	4//	Its President/Nex President President Apacifor	
Illinois	and	Its Secretary/Andrewski Societally (6 led at Specify) X	
TE OF)) ss:		
UNTY OF Winnebago)		
I, Ann C. Schmid		, a notary public, do hereby certify that on	
2nd day of		$\frac{92}{}$, personally appeared before	
H. Douglas Neil		_, who being by me first duly sworn, declared that (e));e = 1	the
President and Secretary	ofPartn	ubek ders Health Group, Inc.	
(s)he signed the foregoing document tatements therein contained are true	. 45	dent of the corporation and that	
		and Secretary	

LIST OF OFFICERS AND DIRECTORS

<u>of</u>

PARTNERS HEALTH GROUP, INC.

OFFICERS

<u>Name</u>	<u>Title</u>	Address	Term Expiration
H. Douglas Neill	President	613 Regents Ct. Rockford, IL 61107	10/92
W.B. Van Vleet	Vice-President	811 Coolidge Pl. Rockford, IL 61107	10/92
Vita A. Grubeck	Secretary	1003 Confederation Dr. Bartlett, IL 60103	10/92
Velora Upstone	Treasurer	2859 Hearthstone Wy. Rockford, IL 61111	10/92

DIRECTORS

Name	Address	Term Expiration
Peter W. Nauert	913 N. Main St., Rockford, IL 61103	10/92
William B. Van Vleet	811 Coolidge Place, Rockford, IL 61107	10/92
H. Douglas Neill	613 Regents Court, Rockford, IL 61107	10/92

File Number 5463-779-9



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,



In Testimony II	Thereof, I hereto set
-	be affixed the Great Seal of
the State of Illinois this _	
day of JANUARY	A.D., 1992

George H Ryan SECRETARY OF STATE