State of Idaho

Department of State

CERTIFICATE OF AUTHORITY OF

DIVERSIFIED PHARMACEUTICAL SERVICES, INC. File number C 106841

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

Dated: July 1, 1994

Tite of Cenarrusa SECRETARY OF STATE

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APPLICATION FOR CERTIFICATE OF AUTHORITY (Profit Corporation)

То	To the Secretary of State of Idano. Pursible to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:						
1.	The name of the corporation is	versified Phar	maceutical S	ervices, In	ic.		
2.	The name which it shall use in Idaho	is <u>Diversifie</u>	d Pharmaceut	ical Servic	es, Inc.		
	(To be used only when required to avoid Directors resolution adopting assumed na		eady on file. Must be	accompanied by a	Board of		
3.	It is incorporated under the laws of _	Minnesota					
4.	The date of its incorporation is	June 1 6, 1988	a	nd the period of it	ts duration,		
	If other than perpetual, is			-			
5. 6.	The address of its principal office in the state or country under the laws of which it is incorporated is 3600 West 80th Street; Suite 700; Bloomington, Minnesota 55431-108 The address to which correspondence should be addressed, if different than item 5, is						
	MKB MR MN07-7920; 5601	Smetana Drive	, Minnetonka	Minnesota	55343		
7.	The street address of its proposed registered office in Idaho is 300 North Sixth Street; Boise, Idaho 83701, and the name of its proposed						
	registered agent in Idaho at that addr				s proposea		
8. The purpose or purposes which it is proposed to pursue in the transaction of business in the purpose or purposes which it is proposed to pursue in the transaction of business in the purpose or purposes which it is proposed to pursue in the transaction of business in the purpose or purposes which it is proposed to pursue in the transaction of business in the purpose or purposes which it is proposed to pursue in the transaction of business in the purpose or purposes which it is proposed to pursue in the transaction of business in the purpose or purposes which it is proposed to pursue in the transaction of business in the purpose or purposes which it is proposed to pursue in the transaction of business in the purpose of purposes.							
	drug utilization review services to health plans.						
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	ဝင္ထဲ ေန့ ခ်ိဳ မူအျပπ္ကုန်းမျာlications and certifica	ate of status to:		•	etary of State		
	" 异 所 Office 實 e Secretary of State			19940606 0900	86109 2		
Division of Corporations OP.O. Sox 83720 Boise, Ida p 83720-0080					XUST# 38125 100.00= 100.00		
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File Two Copies along with a Certificate of Corporate Status or Existence

ACA593

Fee: \$100 if typed with no attachments \$120 if not typed or if attachments are included

Name Office				
	****	ייי אינו	055	Address
	<u>۲</u>	EASE	SEE	ATTACHED
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T.				

10. The corporation accepts and shall comply	with the	e provis	sions o	f the Constitution and the laws of the State of
Idaho.				
11. This application is accompanied by a Cort	ificata	of Com	orata S	Status or Existence, dated within 90 days, duly
authenticated by the proper officer of the	state or	countr	v unde:	r the laws of which it is incomporated
			,	are taile of which it is most portated.
Dated: May 25 , 1994				
Dated: May 🔑 , 1994	-			
)iver	sifi	ed Pharmaceutical Services, Ir
				(Corporation name)
	By	9	7	President President (please specify)
	and	7	- 4	, Secretary
		Ita	Secretar	y/Assistant Secretary (pieses specify)
STATE OF <u>Minnesota</u>)				_
) ss: COUNTY OF <u>Hennepin</u>)				
l <u>Mary Borowski</u>				, a notary public, do hereby certify that on
				24
in late		-		19 94 , personally appeared before
hisday ofMay				
day of May Brigid M. Spicola		, w	ho beii	ng by me first duly swom, declared that (s)he
ne Brigid M. Spicola		, w	ho beii	ng by me first duly swom, declared that (s)he
ne Brigid M. Spicola		, w	ho beii	ng by me first duly swom, declared that (s)he
ne Brigid M. Spicola		, w	ho beii	ng by me first duly swom, declared that (s)he
his	Div	,w	ho bei	ng by me first duly swom, declared that (s)he Pharmaceutical Services, Inc.
this	Div	,w	ho bei	ng by me first duly sworn, declared that (s)he
his	Div	,w	ho bei	pharmaceutical Services, Inc. of the corporation and that Mary Borowski
thisday ofMay meBrigid M. Spicola	Div	,w	ho bei	pharmaceutical Services, Inc. of the corporation and that Mary Borowski NOIARY PUBLIC - MINNESOIA
his	Div	,w	ho bei	pharmaceutical Services, Inc. of the corporation and that Mary Borowski NOTARY PUBLIC MINNESOTA HENGEPIN COUNTY
his day of May ne Brigid M. Spicola s the Secretary of nat (s)he signed the foregoing documents as	Div	,w	fied	pharmaceutical Services, Inc. of the corporation and that Mary Borowski NOTARY PUBLICMINNESOTA

OFFICERS OF DIVERSIFIED PHARMACEUTICAL SERVICES, INC.

OFFICE	NAME	ADDRESS
Chairman of the Board	William W. McGuire, M.D.	300 Opus Center 9900 Bren Road East Minnetonka, MN 55343
Chief Executive Officer	Travers H. Wills	3600 West 80th Street Suite 700 Bloomington, MN 55431-1085
President	Henry F. Blissenbach	3600 West 80th Street Suite 700 Bloomington, MN 55343
Treasurer	David P. Koppe	5601 Smetana Drive Minnetonka, MN 55343
Secretary	Brigid M. Spicola	5601 Smetana Drive Minnetonka, MN 55343
Assistant Secretary	Kevin H. Roche'	5601 Smetana Drive Minnetonka, MN 55343

DIRECTORS OF DIVERSIFIED PHARMACEUTICAL SERVICES, INC.

NAME ADDRESS

William W. McGuire, M.D. 300 Opus Center

9900 Bren Road East

Minnetonka, Minnesota 55343

David P. Koppe 5601 Smetana Drive

Minnetonka, Minnesota 55343

Travers H. Wills 3600 West 80th Street, Suite 700

Bloomington, Minnesota 55431-1085

ECENTED STATE

State of Minnesota

PFI 2 "SECRETARY OF STATE

Certificate of Good Standing

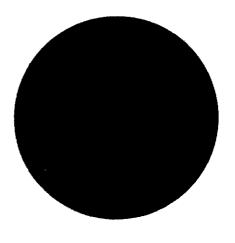
I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Diversified Pharmaceutical Services, Inc.

Date Formed: 06/16/1988

Chapter Governed By: 302A

This certificate has been issued on 05/19/94.



Joan Anderson Grove
Secretary of State.