

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2015 FEB 18 PM 2: 14

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The true name(s) and <u>business</u> address(es) business under the assumed business name Name	e:
	Complete Address
(WIPIIT)	15438 N. Florida Ave, Suite 201, Tampa, FL 33613
The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture	der the assumed business name is: and Public Utilities
☐ Manufacturing ☐ Mining ■ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Health Plan Intermediarles Holdings, LLC	Secretary of State 450 North 4th Street PO Box 83720
15438 N. Florida Ave, Suite 201	Boise ID 83720-0080 208 334-2301
Tampa, FL 33613	200 00-2001
Name and address for this acknowledgment copy is (if other than # 4 above):	i e

Printed Name: yoMaria Paglia-Mulcaney

Capacity/Title: Authorized Person

Signature:

Printed Name: John Capacity/Title: 5V

abn.pmd Rev 07/2010

1DAHO SECRETARY OF STATE 62/18/2015 05:00

CK:PREPAID CT:1157 BH:1462283 16 25.00 = 25.00 ASSUM NAME #2

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Signature