

State of Idaho

Office of the Secretary of State

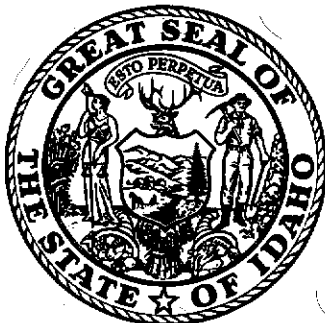
**CERTIFICATE OF AUTHORITY
OF
HEALTH MANAGEMENT SYSTEMS, INC.**

File Number C 189365

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 10, 2010



Ben Yursa

SECRETARY OF STATE

By

[Signature]



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

10 DEC 10 PM 1:35

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is:
Health Management Systems, Inc.
- The name which it shall use in Idaho is: Health Management Systems, Inc.
- It is incorporated under the laws of: New York
- Its date of incorporation is: 2/7/1974
- The address of its principal office is:
401 Park Avenue South, New York, NY 10016
- The address to which correspondence should be addressed, if different from item 5, is:

- The street address of its registered office in Idaho is: 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
and its registered agent in Idaho at that address is: Corporation Service Company
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>William C. Lucia</u>	<u>President/Director</u>	<u>401 Park Avenue South, New York, NY 10016</u>
<u>Walter D. Hosp</u>	<u>CFO/Secretary/Director</u>	<u>401 Park Avenue South, New York, NY 10016</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 12/8/2010

Signature: _____

Typed Name: Walter D. HospCapacity: CFO and Secretary

(The signer must be a director or an officer of the corporation.)

Customer Acct # : _____

(if using pre-paid account)

Secretary of State use only

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Revised 10/2008

IDAHO SECRETARY OF STATE
12/10/2010 05:00
CK: NONE CT: 1157 BH: 1250439
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C189365

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of HEALTH MANAGEMENT SYSTEMS, INC. was filed on 02/07/1974, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of December
two thousand and ten.*

Daniel Shapiro
First Deputy Secretary of State