

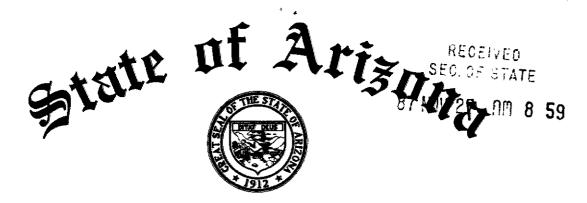
	83905			
<u> </u>				
	Department of State.			
	AMENDED CERTIFICATE OF AUTHORITY			
	OF			
	AMERICAN HEALTH NETWORK, INC.			
	I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that			
	duplicate originals of an Application of <u>USA HEALTHNET</u> , INC.			
	la di Caranta di Caran			
	for an Amended 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 Amended			
	Certificate of Authority to USA HEALTHNET, INC.			
	to transact business in this State under the name			
	USA_HEALTHNET, INC and attach hereto a duplicate			
	original of the Application for such Amended Certificate.			
	original of the Application for such Amended Certificate.			
	DatedNovember 27 , 19 87 .			
	DatedNovember 27 , 19 87 .			
	AT SEA			
	Gran Grane			
	Out / Comme			
	SECRETARY OF STATE			
	Corporation Clerk			
	OF OF			
CAA 779				

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

To the Secretary of State of the State of Idaho: Pursuant to Section 30-1-118, Idaho Code, the undersigned corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following 1. A Certificate of Authority was issued to the corporation by your other 27 May 85,59987 19 _____, authorizing it to transact business in the State of Idaho under the name of ____ American Health Network, Inc. 2. Its corporate name has been changed to __USA Healthnet, Inc. (Note: If the corporation name has not been changed, insert "No change.") 3. The name which it shall use hereafter in the State of Idaho is USA Healthnet, Inc. Note: If the corporate name has been changed and the new name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or any abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Idaho. If a professional service corporation, add the appropriate word in place of those listed above.) 4. It desires to pursue in the transaction of business in the State of Idaho purposes other than or in addition to those set forth in its prior application for certificate of authority, as follows: No Change (Note: If no additional purposes are proposed, insert "No change.") Dated November, 24 . 19 87 . By adele French ____ President _____ Secretary Arizona STATE OF _ COUNTY OF Maricopa Donna J. Ward _____, a notary public, do hereby certify that on this _____day of <u>November</u>, 19<u>87</u>, personally appeared

before me Adele French	**	, who being by me first duly sworn
declared that he is the President	of USA	Healthnet, Inc.
that he signed the foregoing document as that the statements therein contained are tru	President .c.	of the corporation and
- Dispersion of the second of		Dorra J. Ward Notary Public

My Commission Expires Sapt. 15, 1935



OFFICE OF THE

THE PROPERTY OF THE PROPERTY O

CORPORATION COMMISSION

I, THE EXECUTIVE SECRETARY OF THE ARIZONA CORPORATION COMMISSION, DO HEREBY CERTIFY THAT the records in this office show AMERICAN HEALTH NETWORK, INC., an Arizona Corporation filed an Amendment in the office of the Arizona Corporation Commission on the 28th Day of July, 1987 changing the name of the corporation to USA HEALTHNET, INC., as provided by law.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission.

Done at Phoenix, the Capital, this

18TH day of NOVEMBER

18TH day of NOVEMBER

19<u>87</u>, A.D.

ares Mothers

Executive Secretary

By Jraphine m. LaBelle