

State of Idaho

Office of the Secretary of State

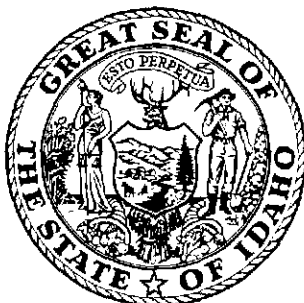
**CERTIFICATE OF REGISTRATION
OF
HEALTHCARE FINANCIAL SOLUTIONS, LLC**

File Number W 156148

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: September 11, 2015



Lawrence Denney
SECRETARY OF STATE

By _____

[Signature]



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2015 SEP 11 PM 1:31
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Healthcare Financial Solutions, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
☐ Business Corporation ☐ General Partnership
☐ Nonprofit Corporation ☐ General Cooperative Association
☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)
☒ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust
☐ Other: _____
 (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Delaware
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
Two Bethesda Metro Center, Suite 600, Bethesda, MD 20814
 (Street Address)

 (Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

 (Street Address)

 (Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

 (Address)
8. Name and street address of registered agent in Idaho:
C T Corporation System 921 S Orchard Street, Suite G, Boise, Idaho 83705
 (Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>H. Darren Alcus</u>	<u>Manager</u>	<u>Two Bethesda Metro Center, Suite 600, Bethesda, MD 20814</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: H. Darren Alcus

Signature: _____

Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

09/11/2015 05:00

CK: PREPAID CT: 278665 BH: 1491933
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W156148

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE FINANCIAL SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5739533 8300

151232373

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2686929

DATE: 08-28-15