State of Idaho

Department of State

CERTIFICATE OF AUTHORITY
OF

COMPRÉHENSIVE BENEFITS SERVICE CO., INC.

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

Dated: September 24, 1991



Fite of Cenarrusa

SECRETARY OF STATE

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

The name of the corporation is	Comprehensive	SECRETARY OF STATE Benefits Service Co., Inc.
		N.
The name which it shall use in Ide	ahois Comprehensi	ve Benefits Service Co., Inc.
(To be used only when required Board of Directors resolution ad		name already on file. Must be accompanied by a daho.)
It is incorporated under the laws	of Pennsylvani	a
The date of its incorporation is _	January 26, 1	976 and the period of its duration
Perpetual		
The address of its principal office Whiteland Business Suite 200, Exton,	Park, 740 East	nder the laws of which it is incorporated is Lancaster Pike,
The address to which correspond	lence should be addressed,	if different from that in item 5.
Same as above.		
The street address of its proposed	registered office in Idaho	300 North 6th Street
h h		
Boise, Idaho 83701		
Boise, Idaho 83701		, and the name of its proposed
registered agent in Idaho at that a	address isC T CORPO	RATION SYSTEM
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ACA 785 File Two Copies along with a Certificate of Corporate Status or Existence Profit (IDAHO - 2542 - 10/21/85)

Fee: \$60

Name	Office	Address
ee attached list		
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37 AT S TATE	MISMOSA	
. The corporation accepts and	shall comply with the prov	visions of the Constitution and the laws of the State o
Idaho.		
This Application is accompa	nied by a certificate of Cor	porate Status or Existence, duly authenticated by the
		laws of which it is incorporated.
nted:		
		ensive Benefits Service Co., Inc
		(Corporation Name)
	Ву	M//M
		Its President/Vice President (please specify) J. Fleder, President
	Richard	J. Fleder, President
Mar alle b		Its Secretary/Assistant Secretary (please specify) M. Ryan, Secretary
TATE OF SULLY YORK) sa:	m. Kyan, Secretary
DUNTY OF MENTINE)	
1. NANCY L. M	ERCANTE	, a notary public, do hereby certify that or
. 19 th	september	
Richard J. Flede	r	
		, who being by me first duly sworn, declared that (s)he
the President	of_Comprehe	ensive Benefits Service Co., Inc
at (s)he signed the foregoing do	cumentas President	of the corporation and that
e statements therein contained		Of the corporation and man
Nancy L. Mercante	0, 0	n -
tary Public, State of New York NO. 31-4918666	Maney &	· Mercanle
Rusified in New York County mission Expires February 8, 1992		Notary Public

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COMMONWEALTH OF PENNSYLVANIA

SECRETARY OF STATE



August 2, 1991 Department of State

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and corporate records of this department, it appears that on January 26, '1976 Articles of Incorporation were filed by a Pennsylvania corporation entitled

"COMPREHENSIVE BENEFITS SERVICE CO., INC."

I DO FURTHER CERTIFY, That no proceedings in dissolution adversely affecting the corporate existence of the foregoing have subsequently been filed.

WHEREFORE, it appears that this corporation remains a presently subsisting corporation as of the date hereof.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

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