



**Department of State.**

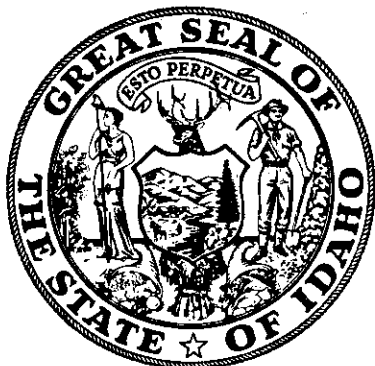
**AMENDED CERTIFICATE OF AUTHORITY  
OF**

**AETNA TECHNICAL SERVICES, INC.**

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of **AETNA TECHNICAL SERVICES, INC.** 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 **AETNA TECHNICAL SERVICES, INC.** to transact business in this State under the name **AXIA SERVICES, INC.** and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated **November 25**, 19 **88**.



*Pete T. Cenarrusa*  
SECRETARY OF STATE

*Angie Hales*  
Corporation Clerk

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 statement.

1. A Certificate of Authority was issued to the corporation by your office on July 29, 19 73, authorizing it to transact business in the State of Idaho under the name of Aetna Technical Services, Inc.

2. Its corporate name has been changed to Axia Services, 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 Axia Services, 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 October 26, 19 88.

Axia Services, Inc.

By Robert V. Toppi

Its President

Robert V. Toppi

And Elizabeth B. Snider

Its Secretary

Elizabeth B. Snider

STATE OF Connecticut

COUNTY OF Hartford

) ss:

I, Noreen M. OConnell, a notary public, do hereby certify that on this

26th day of October, 19 88, personally appeared

(continued on reverse)

State of New York }  
DEPARTMENT OF STATE } ss.:

RECEIVED  
SEC. OF STATE

88 NOV 25 AM 9 14

It is Herby Certified, That A Certificate of Amendment of:

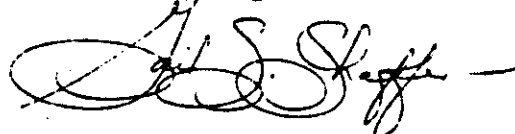
AETNA TECHNICAL SERVICES, INC.

changing name to

AXIA SERVICES, INC.

was filed in this Department on the 6th day of September, 1988.

~~Witness~~ my hand and the official seal of the  
Department of State at the City of  
Albany, this 1st day  
of November the thousand  
nine hundred and eighty-eight



Secretary of State