

State of Idaho

Office of the Secretary of State

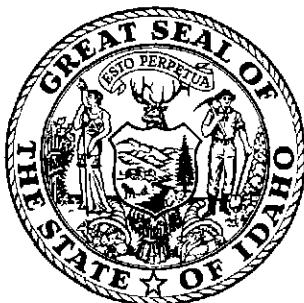
**CERTIFICATE OF REGISTRATION
OF
PREMIER HEALTH SOLUTIONS, LLC**

File Number W 162701

I, LAWRENCE 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: March 2, 2016



Lawrence Denney
SECRETARY OF STATE

By *Idley Debra*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2016 MAR -2 AM 11:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Premier Health Solutions, LLC

2. The name which it shall use in Idaho is: _____

Enter a name which may be used as a name for an assumed name.

3. Select the type of entity you wish to register:

- Business Corporation
- Nonprofit Corporation
- Limited Liability Partnership
- Limited Liability Company
- General Partnership
- General Cooperative Association
- Limited Partnership (Including a limited liability limited partnership)
- Statutory Trust, Business Trust, or Common-law Business Trust

Other: _____

Use "Other" only if your foreign entity does not fit any of the types listed above, and enter the type here.

4. Jurisdiction of formation: Texas

Provide the domestic jurisdiction where the entity was formed.

5. The address of its principal office is:

6801 Gaylord Parkway, Suite 402, Frisco TX 75034

(Street Address)

(same)

(Mailing Address, if different)

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

6801 Gaylord Parkway, Suite 402, Frisco TX 75034

(Street Address)

(same)

(Mailing Address, if different)

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

(same)

(Address)

8. The name of the registered agent 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:

Brandon M. Wood

Member/Owner

6801 Gaylord Parkway, Suite 402, Frisco TX 75034

(Name)

(Capacity)

(Address)

Brian J. Duly

Member/Owner

6801 Gaylord Parkway, Suite 402, Frisco TX 75034

(Name)

(Capacity)

(Address)

Signature: _____

Typed Name: Brandon M. Wood

Capacity: Member/Owner

Secretary of State use only

IDAHO SECRETARY OF STATE

03/02/2016 05:00

CK:988 CT:321124 BH:1516337

1@ 100.00 = 100.00 FOR REG ST #2

1@ 20.00 = 20.00 EXPEDITE C #3

W 1162701



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PREMIER HEALTH SOLUTIONS, LLC (file number 801585563), a Domestic Limited Liability Company (LLC), was filed in this office on April 23, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 02, 2016.



A handwritten signature in black ink, appearing to read "Carlos H. Cascos".

Carlos H. Cascos
Secretary of State