State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

EXCEL MANAGED CARE & DISABILITY SERVICES, INC.

File Number C 193239

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 30, 2011

GREAT SEAL OF THE STATE OF IDAHO

Ben Ysursa

SECRETARY OF STATE

By Linda Corbus

FILED EFFECTIVE

202

APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2011 DEC 30 PM 2:28

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is: Excel Managed Care & Disability Services, Inc.
2. The name which it shall use in Idaho is: Excel Managed Care & Disability Services, Inc.
3. It is incorporated under the laws of: California
4. Its date of incorporation is: Feb. 8, 1993
5. The address of its principal office is: 3840C Watt Ave, #200 Sacramento, CA 95821
6. The address to which correspondence should be addressed, if different from item 5, is: same
7. The street address of its registered office in Idaho is: 1423 Tyrell Lane, Boise, Idaho 83706
   and its registered agent in Idaho at that address is: National Registered Agents, Inc.
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
William V Spaller	CFO	3840C Watt Ave, #200 Sacramento, CA
Judy Bailey	President	3840C Watt Ave, #200 Sacramento, CA
Steve Smetana	VP	3840C Watt Ave, #200 Sacramento, CA
Brenda Smith	Secretary	3840C Watt Ave, #200 Sacramento, CA

Dated: 12/28/2011

Signature: [signature]

Typed Name: William V Spaller

Capacity: CFO

[The signer must be a director or an officer of the corporation.]

Customer Acct #:
(If using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE
12/30/2011 05:00
CK: 865646 CT: 172899 BH: 1303947
1 @ 100.00 = 100.00 AUTH PRO # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

C193239

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EXCEL MANAGED CARE & DISABILITY SERVICES, INC.

FILE NUMBER:	C1851701
FORMATION DATE:	02/08/1993
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 19, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State