

# State of Idaho

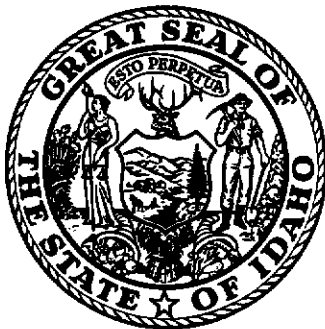
Office of the Secretary of State

**AMENDED CERTIFICATE OF AUTHORITY**  
OF  
**SHPS HEALTH MANAGEMENT SOLUTIONS, INC.**  
File Number C 164390

I, BEN YSURSA, Secretary of the State, hereby certify that an Application for Amended Certificate of Authority, 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 Amended Certificate of Authority to reflect the name change from SHPS HEALTH MANAGEMENT SOLUTIONS, INC. to **CAREWISE HEALTH, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: October 14, 2010



*Ben Yursa*

SECRETARY OF STATE

By *[Signature]*



# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(Instructions on back of application)

10 OCT 14 AM 8:49  
SECRETARY OF STATE  
STATE OF IDAHO

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-1504, 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. Complete only applicable items.

1. A Certificate of Authority was issued to the corporation by your office on: 1/9/06, authorizing it to transact business in the State of Idaho under the name of: SHPS Health Management Solutions, Inc.
2. Its corporate name has been changed to: Carewise Health, Inc.
3. The name which it shall use hereafter in the State of Idaho is: Carewise Health, Inc.
4. It has changed its jurisdiction of incorporation, without a change of corporate identity to: \_\_\_\_\_

Dated: 10/14/10 Corporation Name: Carewise Health, Inc.

Signature: [Handwritten Signature]

Typed Name: Randall K. Justice

Capacity: Asst. Secretary

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

g:\corp\forms\corp\forms1  
amended cert of authority.pdf  
Revised 07/2002

IDAHO SECRETARY OF STATE  
10/14/2010 05:00  
CK: 97939 CT: 252011 BH: 1243063  
1 @ 30.00 = 30.00 AMEND CERT # 2

Web Form

C164390

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SHPS HEALTH MANAGEMENT SOLUTIONS, INC.", CHANGING ITS NAME FROM "SHPS HEALTH MANAGEMENT SOLUTIONS, INC." TO "CAREWISE HEALTH, INC.", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2010, AT 9:43 O'CLOCK A.M.


AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF SEPTEMBER, A.D. 2010.

2122647 8100

100925012

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8257219

DATE: 09-28-10