

AUG 03 2005



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DO NOT PUBLISH
THIS SECTION

1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C.," "L.C.," "LLC" or "LC". If you are the holder or assignee of a tradename or trademark, attach Declaration of Tradename Holder form. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be signed by a manager, member or authorized agent.

2. Provide the name of the state or jurisdiction under whose laws your company was formed.

3. Provide the date on which your company organized in the state or jurisdiction under whose laws it was formed.

4. Provide the general character of business you plan to transact in Arizona.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

The agent must consent to the appointment by executing the consent.

FILE NO. R1220489-0

APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY

1. The name of the foreign limited liability company is:

MedX12, LLC

- 1.a. If the exact name of the foreign limited liability company is not available for use in this state, then the fictitious name adopted for use by the limited liability company in Arizona is:

N/A

(FN)

2. The company is organized under the laws of:

Kentucky
(State)

3. The date of the company's formation is:

March 2, 2005 (KY)

4. The purpose of the company or the general character of business it proposes to transact in Arizona is:

Internet-based healthcare claim processing, formatting, and transmission, and associated services to healthcare providers, payers, and clearinghouses.

5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is:

Jeffrey Honken

7908 East Sierra Morena Circle
Mesa, ARIZONA 85207

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

- I, Jeffrey Honken, having been designated to act as statutory
(Print Name)

agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

[Signature]

N/A

[If signing on behalf of a company serving as statutory agent, print company name here]

8-11-05

PAID
#1018 18500

1059943

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

Name:

Address:

City, State, Zip:

Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the corporation is incorporated (AZ Const. Art. XIV, §8).

Your fax and phone number is optional.

7. If the jurisdiction under the law of which your company is formed, you must provide the address of the principal office of the company, in whatever state or jurisdiction it is located.

The application must be signed by a member, manager or duly authorized agent.

See A.R.S. §29-601 et seq. for more info.

LL0005
Rev. 09/04

6. Management

☒ Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Joseph A. Sostarich
☒ member ☒ manager
2210 Douglass Woods Ct.
Louisville, Ky 40205

Eugene Deeley
☒ member ☐ manager
418 E. Main Street
Louisville, Ky 40202

Jeffrey Henken
☒ member ☐ manager
7908 East Sierra Morena Circle
Mesa, AZ 85207

James Green, MD
☒ member ☐ manager
704 Cadogan Ct.
Louisville, Ky 40222

☐ Management of the limited liability company is reserved to the members. The names and addresses of each person who is a member are:

☐ member

☐ member

☐ member

☐ member

PHONE (502) 640-2230-cm FAX (502) 238-1754
(502) 426-2400-off.

7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is:

9836 Linn Station Road
Louisville, Kentucky 40223

Executed this 29th day of July, 2005.

Joseph A. Sostarich
[Signature]

[Print Name]

(Check One) ☐ Member ☒ Manager ☐ Authorized Agent

MEDX12, LLC
9836 Linn Station Road
Louisville, Kentucky 40223
(Tel: (502) 426-2400; Fax: (502) 238-1754)

July 29, 2005

ARIZONA Corporation Commission
1300 West Washington
Phoenix, Arizona 85007-2929

RE: Application for Registration of a Foreign Limited Liability Company to
Arizona Corporation Commission, Corporations Division

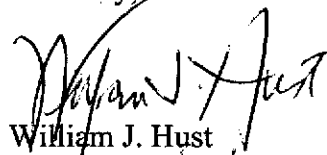
To Whom It May Concern:

Enclosed with this letter please find a Submission Cover Sheet, an executed original and 2 copies of the above referenced Application for Registration of a Foreign LLC to do business in Arizona, a check covering the filing fee and an additional fee for expedited service, 3 copies of a Good Standing Certificate received from the KY Secretary of State's Office regarding MedX12, LLC, the Company submitting the application.

If you have any questions, please call or fax me at the above numbers. If the Application and copies are in order, please send approval and that portion of application materials generally returned to applicants to me in the addressed, stamped envelope enclosed with the filing materials.

Thank you for all aid in this matter.

Sincerely,


William J. Hust
Secretary

* Check totalling
\$1,850.00



Trey Grayson
Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MEDX-12, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is March 2, 2005.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 29th day of July, 2005.



Tn6z

Trey Grayson
Secretary of State
Commonwealth of Kentucky

BWeber/0607454 - Certificate ID: 18111

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION
SUBMISSION COVER SHEET

THIS DOCUMENT SUBJECT TO PUBLIC RECORD - Important: use a separate cover sheet for each document

Regarding (Name/proposed name for Corp./LLC):

MedX12, LLC

Please Check or Complete the Appropriate Sections:

- A. 1. ☐ NEW Entity Filing ☐ CHANGE to Existing Entity ☐ Re submission/Corrected Document
2. ☐ Domestic (from Arizona) ☒ Foreign (organized in another state or country)
3. ☐ Profit/Business Corporation (B) ☐ Nonprofit Corporation (NP) ☒ LLC ☐ Trust ☐ Other
4. Payment ☐ Check # _____ ☐ Cash ☐ MOD account # _____
Amount: \$ 150.00 ☐ No fee required ☐ See attached distribution of funds instructions
+ 35.00 = 185.00
5. Processing ☒ Expedited (Priority service, \$35 Additional Fee Per Document)
Completed as soon as possible or visit www.cc.state.az.us/corp for current processing times.
- ☐ Regular Visit www.cc.state.az.us/corp for current processing times.

B. Filing Type: (Check one only)

- ☐ Articles of Domestication
☐ Articles of Incorporation
☐ Articles of Organization
☐ Application to Transact Business(B)
☐ Application to Conduct Affairs (NP)
☐ Application for New Authority
☒ Application for Registration (Foreign/LLC)
☐ Articles of Amendment
☐ Articles of Amendment & Restatement

RECEIVED

AUG 03 2005

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

- ☐ Publication of _____
☐ Articles of Correction _____
☐ Merger of (name): _____
Into: _____
Other: _____

C. Special Instructions: _____

D. Extras:

- ☐ Certified Copies _____ (Qty. @ \$5 ea. for corps or \$10 ea. for LLCs) ☐ Expedite Certified Copies (\$35 extra)
☐ Good Standing Certificate _____ (Qty. @ \$10 ea.) ☐ Expedite Good Standing (\$35 extra)

E. RETURN DELIVERY VIA: ☒ Mail or ☐ Pick Up or ☐ Fax # () _____

The following individual should be called to pick up completed documents:

Name: N/A Phone: () _____

Pick-up by: _____ Date: _____

Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - approximately two weeks. In that event, the documents should be mailed to the following address:

Name: William Hust Firm: MedX12, LLC
Address: 9836 Linn Station Road
City, State, Zip: Louisville, Kentucky 40223

CFCVLR
REV 04/05