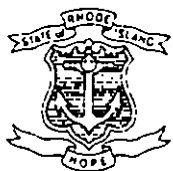


Filing Fee: \$50.00

ID Number: 143236



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

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CORPORATIONS DIV  
SEP 23 11 21 AM '04

FICTITIOUS BUSINESS NAME STATEMENT  
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, I, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

- The legal name of the applicant business corporation, limited liability company or limited partnership is: Medco Health Solutions, Inc.
- The fictitious business name to be used is MHS Administrators of Rhode Island, Inc.
- The state or territory under the laws of which it is incorporated, organized or formed is Delaware
- The date of incorporation, organization or formation is May 21, 2002
- If a business corporation, the address of its registered office within Rhode Island is 10 Weybosset Street, Providence, Rhode Island 02903
- If a business corporation, the business in which it is engaged Managed Healthcare Services
- Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: September 16, 2004

Medco Health Solutions, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] / VP & Counsel  
Signature of Officer for the Corporation Title  
Peter M. Sherman

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership

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OCT 06 2004

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