Filina	and	License	Fee:	\$310.00	minimum
	unu			40.00	111111111111

ID Number:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

The name of the corporation is	Catalyst Rx Government	Services, Inc.		
It is incorporated under the laws of	Nevada of			
The name, if different, which it ele	ects to use in Rhode Island is:			
(a) If the name of the corpo "incorporated," or "limited," above corporate endings fo	or an abbreviation thereof, t	ncorporation does not contain the hen list the name of the corporation	word "corporation, with the addition	," "company," of one of the
(b) If the corporate name is no qualify and transact busine application:	t available in Rhode Island, th ess in Rhode Island as state	en set forth below the fictitious name d in the "Fictitious Business Name	under which the co Statement" to be	orporation will filed with this
The date of its incorporation is	March 21,2005	and the period of its duration is	Perpetual	
•		<u>.</u>	Principal addres	ss:1650 Spri
		he laws of which it is incorporated is		· · · · · · · · · · · · · · · · · · ·
Gate Lane ,Las Vegas, NV 891	134 Mailing address: 800	King Farm Blvd., 4th Fl., Attn: Leg	аг Берт. Коскупп	e, MD 20650
The address of its proposed regis	tared office in Rhode Island is	10 Weybossett Street, 9th Floor		Ç.
The address of its proposed regis	stered prince in randde island s	(Street Addres	ss, <u>not</u> P.O. Box)	
Providence	, RI 02903	and the name of its proposed reg	jistered agent in RI	hode Island at
(City/Town)	(Zip Code)			
that address is CT Corporati	on System			<u> </u>
. 	(Na	ame of Agent)		
The purpose or purposes which it	proposes to pursue in the tra	nsaction of business in Rhode Island	аге:	L. G.,
Pharmacy Benefit Manageme				
				-5 -
(a) The names and respective ad	Idresses of its directors (option	nal unless directors are required unde	r the laws of the st	ate or country
	See Attached			
or miles in a massiperation.	Name	Address	<u>S</u>	
Director	<u></u>	h	_	
Director		FILED		
Director		UI 0 7 2008		
Director	4J	2000		
	Ву_	1262734		
	~ J			

Form No. 150 Revised: 12/05

			ddresses of its principal ncorporated). See Atta <u>Name</u>	•	tors are not required under the laws of the <u>Address</u>			
	President Vice President Treasurer Secretary							
9.	The aggregate num and series, if any, v			issue, itemized by classes, p	ar value of shares, shares without par value,			
	Number of 100	Shares	<u>Class</u> Common	Series N/A	Par Value or Statement that Shares are without Par Value \$0.01			
10.	· • •	of the value of		rned by the corporation for	the following year, wherever located, is			
	(b) An estimate o	of the value of	the corporation's prope	erty to be located within R	hode Island during the following year is			
	located within t	this state during	the following year bears	s to the value of all property	lue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage].			
11.		of the gross ar		be transacted by the corp	poration during the following year is			
	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 0							
	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage].							
12.	This application is a of which it is incorp		a certificate of Good St	tanding issued by the proper	officer of the state or country under the laws			
13.	This Application for than the 90 th day at	Certificate of A ter the date of t	uthority shall be effective	e upon filing unless a specifi	ed date is provided which shall be no later			
	_			examined this Applicatio	ry, I declare and affirm that I have n for Certificate of Authority, including achments, and that all statements and correct.			
Da	te: <u>June</u>	19,2008		Im Mid	Rand			
				-	horized Officer of the Corporation			
				Thomas M. Farah, Vice F	Name of Authorized Officer			

STATE OF RHODE ISLAND APPLICATION FOR CERTIFICATE OF AUTHORITY OF FOREIGN CORPORATION

ATTACHMENT

Corporation Name:

Catalyst Rx Government Services, Inc.

Incorporation:

Nevada, 03/21/2005

Officers:

Chief Executive Officer

David T. Blair

800 King Farm Boulevard

4th Floor

Rockville, MD 20850

Treasurer

& Chief Financial Officer

Michael P. Donovan

800 King Farm Boulevard

4th Floor

Rockville, MD 20850

Vice President & Secretary

Thomas M. Farah

800 King Farm Boulevard

4th Floor

Rockville, MD 20850

Directors:

Director

David T. Blair

800 King Farm Boulevard

4th Floor

Rockville, MD 20850

Director

Michael P. Donovan

800 King Farm Boulevard

4th Floor

Rockville, MD 20850

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CATALYST RX GOVERNMENT SERVICES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 21, 2005, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20080609-0518
You may verify this electronic certificate
online at http://secretaryofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 9, 2008.

ROSS MILLER Secretary of State



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

