

Filing Fee: \$150.00

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

RECEIVED
CORPORATIONS DIV
AUG 7 2008
11:12

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Revenue Cycle Partners, L.L.C.

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Montana

4. The date of its organization is May 23, 2001

5. The period of duration of the limited liability company is (if perpetual, so state) December 31, 2050

6. The address of the limited liability company's resident agent in Rhode Island is:

10 Weybosset Street Providence, RI 02903
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is C T Corporation System
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

1643 Lewis Avenue #203, Billings, Montana 59102

9. The mailing address for the limited liability company is:

1643 Lewis Avenue #203, Billings, Montana 59102

2008 JUL 31 AM 11:12

FILED

AUG 07 2008

By AMF

11:12

65236

RECEIVED
CORPORATIONS DIV
SECRETARY OF STATE

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

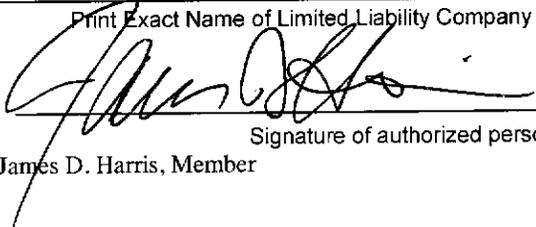
11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/6/08

Revenue Cycle Partners, LLC

Print Exact Name of Limited Liability Company Making Application

By  _____
Signature of authorized person
James D. Harris, Member

SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF FACT

I, **BRAD JOHNSON**, Secretary of State of the State of Montana, do hereby certify that on **May 23, 2001**, Articles of Organization for the formation of **REVENUE CYCLE PARTNERS, L.L.C.**, a Montana limited liability company, were filed according to Section 35-8-202, Montana Code Annotated.

I further certify that the registered agent for the company as listed in the Articles of Organization is **JAMES HARRIS 1643 LEWIS AVE # 203 BILLINGS MT 59102**.

I further certify that the principal place of business is **1643 LEWIS AVE BILLINGS MT 59102**.

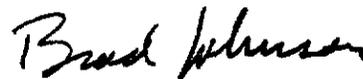
I further certify that **REVENUE CYCLE PARTNERS, L.L.C.** shall be managed by **MEMBERS**.

I further certify that the names and addresses of the **MEMBERS** of the limited liability company are **JAMES D HARRIS 2628 ASPEN WAY BILLINGS MT 59106**
SCOTT R MORGAN 19324 SODA SPRINGS DR BEND OR 97702.

I further certify that **REVENUE CYCLE PARTNERS, L.L.C.**, shall be dissolved no later than **December 31, 2050**.

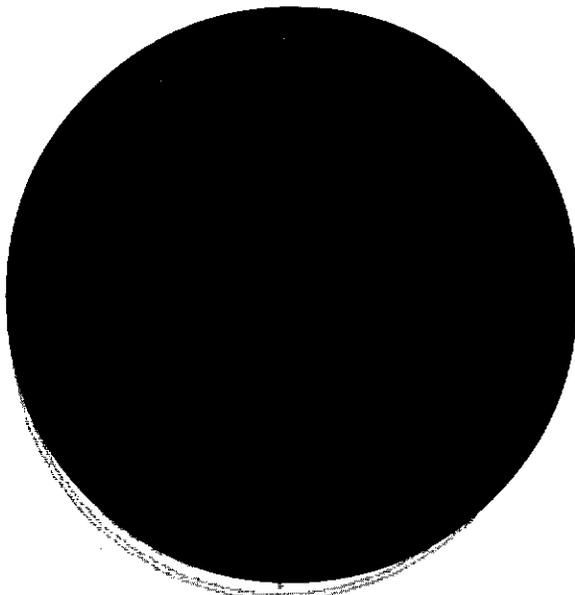
I further certify that the limited liability company has filed all required reports with this office and that no notice or decree of dissolution has been filed with this office and it is in good standing.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **July 22, 2008**.



BRAD JOHNSON
Secretary of State

Certified File Number: **C-109698**



ec109698mia08205220958644601

SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Brad Johnson, Secretary of State of the State of Montana, do hereby certify that

REVENUE CYCLE PARTNERS, L.L.C.

duly filed its Articles of Organization in this office on 23 May 2001, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 24 July 2008 .

BRAD JOHNSON
Secretary of State
Certified File Number: C109698



State of Rhode Island and Providence Plantations

A. Ralph Mollis

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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

