Filing Fee:	\$50.00
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ID Number:	
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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Isla

The fictitious business name to be used is	
THE HOMIOGO COCHICOS HOUSE IN DE USER IS	Primus Health & Wellness
The state or territory under the laws of which	h it is incorporated, organized or formed is Delaware
The date of incorporation, organization or fo	ormation is 8/7/2015
If a business corporation, the address of its  10 Dorrance Street #700 Providence, RI 6	
If a business corporation, the business in wh	hich it is engaged Healthcare software platform and related services.
Applicant is otherwise authorized to do busin	ness in the state of Rhode Island.  Under penalty of perjury, I declare that the information contained herein is true and correct.
e: <u>10/15/2015</u>	Primus Healthcare, LLC
	Name of Applicant Corporation, Limited Liability Company or Limited Partnership  By
FILED	Signature of Authorized Officer of the Corporation
0CT 15 2015 By 258516	By Tim Pratts, Special Manage Signature of Authorized Person for the Limited Liability Company
•	<u>Ω</u>

Form No. 624 Revised: 12/05

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

