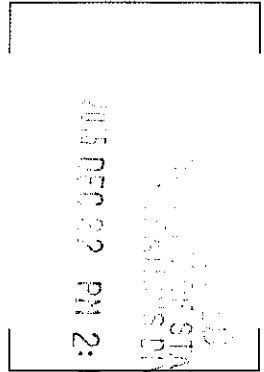


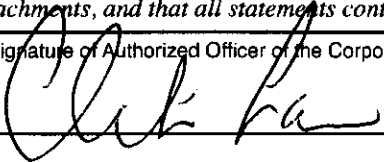


**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

**Business Corporation**  
**Articles of Dissolution**  
Filing Fee: \$50.00



Pursuant to the provisions of Sections 7-1.2-1308 and 7-1.2-1309 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID No. 000087393		2. The name of the corporation is: PJ Health Programming, Inc.	
3. The dissolution was approved by (check one): <input type="checkbox"/> consent of the shareholders pursuant to the provisions of Section 7-1.2-1302. <div style="text-align: center;">or</div> <input checked="" type="checkbox"/> by an act of the corporation pursuant to the provisions of Section 7-1.2-1303.			
4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title II of the U.S. Code.			
5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.			
6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgment, order, or decree which may be entered against it in any pending suit.			
7. As required by Section 7-1.2-1309 of the General Laws, the corporation has paid all fees and franchise taxes.			
8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date Received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.</i>			
Signature of Authorized Officer of the Corporation 		Type or Print Name of Authorized Officer Christine E. Larkin	Date 12/16/15

2:44pm  
**FILED**  
DEC 22 2015  
By 263908  
KM

ID# 87393



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

**PJ HEALTH PROGRAMMING INC**  
**PO BOX 224866**  
**DALLAS, TX 75222-4866**

## LETTER OF GOOD STANDING

It appears from our records that **PJ HEALTH PROGRAMMING INC** has filed all the required returns due to be filed and paid all taxes indicated thereon and is in good standing with this Division as of **11/25/2015** regarding any liability under the Rhode Island Business Corporation Tax Law.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

### DISSOLUTION

Very truly yours,

A handwritten signature in black ink, appearing to read "David M. Sullivan".

David M. Sullivan  
Tax Administrator

A handwritten signature in black ink, appearing to read "Steven A. Cobb".

Steven A. Cobb, Chief Revenue Agent  
Office Audit and Discovery

**32687216:10757117**  
**DLN: 0430634001**



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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*

