Filing Fee: \$50.00

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

SECRETARY OF STATE CORPORATIONS DIV

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 Island, 1956, as amended, 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:

1.	The legal name of the applicant business corporation MediCall	ion, limited liability company or limited part	nership is:
2.	The fictitious business name to be used is Cogniz	zant Technology Solutions	
3.	The state or territory under the laws of which it is in	ncorporated, organized or formed is Calif	ornia
4.	The date of incorporation, organization or formation	n is November 17, 2003	
5.	If a business corporation, the address of its registe	red office within Rhode Island is CTCor	
	Memorial Parkay, Suite 7A, East Providence, RI 029	914	5 2866
6.	If a business corporation, the business in which it is		ARY 27
			PH STATE
7.	Applicant is otherwise authorized to do business in	the state of Rhode Island.	STATE S DIV
		Under penalty of perjury, I declare that the herein is true and correct.	he information contained
FILED APR 27 2016 By APR 27 2016		MediCall	
		Name of Applicant Corporation, Limited Liability C	ompany or Limited Partnership
		ву_Д	
		Signature of Authorized Officer of the C	orporation Harry Demas, Secretary
		Ву	
		BySignature of Authorized Person for the I	imited Liability Company
		<u>or</u>	
		BySignature of Authorized Borson for the	Imited Date

Form No. 624 Revised: 12/05