



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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FOR
 SECRETARY OF STATE
 USE ONLY

Pursuant to the provisions of RIGL 7-16-49, 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: | | |
| Cammack Health LLC | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| The name, if different, under which it proposes to register and transact business in Rhode Island is: | | |
| | | |
| 2. The LLC is organized under the laws of: New York | | |
| 3. The date of its organization is: October 21, 2013 | | |
| And the period of its duration is: CHECK ONLY ONE BOX | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | |
| <input type="checkbox"/> Date certain for dissolution _____ | | |
| 4. The name and address of the resident agent/office in Rhode Island is: | | |
| Agent Name Corporation Service Company | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 |
| 5. The Department 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. | | |
| 6. 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: | | |
| c/o Corporation Service Company, 80 State Street, Albany, NY 12207 | | |

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MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

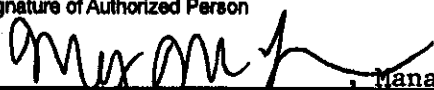
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By 297308

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|--|--|
| 7. The mailing address for the limited liability company is: 200 E. Randolph St., Chicago, IL 60601 | |
| 8. Management of the Limited Liability Company: The limited liability company is managed: <input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) <input checked="" type="checkbox"/> By one (1) or more managers (List managers below) | |
| MANAGER | ADDRESS |
| Mary Moore Johnson | 200 E. Randolph St., Chicago, IL 60601 |
| Michelle S. Ley | 200 E. Randolph St., Chicago, IL 60601 |
| | |
| | |
| 9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document. | |
| 10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____ | |
| <i>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.</i> | |
| Type or Print Name of LLC Cammack Health LLC | Date 3/1/2017 |
| Signature of Authorized Person  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> SIGN DOCUMENT HERE , Manager </div> | |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

**State of New York
Department of State } ss:**

I hereby certify, that CAMMACK HEALTH LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/21/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 28th day of February
two thousand and seventeen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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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:

March 02, 2017 12:03 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

