

No Filing Fee (See Instructions)

ID Number: 000900616



**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

**APPLICATION FOR TRANSFER OF AUTHORITY**

Extend Health, LLC

(Insert full name of the entity following the transfer)

**SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY**

Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (*check one box only*):

- ☐ Non-Profit Corporation or ☒ Business Corporation or ☐ Limited Liability Company or  
☐ Limited Partnership or ☐ Limited Liability Partnership

submits the following Application for the purpose of transferring its authority to a (*check one box only*):

- ☐ Limited Partnership or ☒ Limited Liability Company or ☐ Business Corporation or  
☐ Limited Liability Partnership or ☐ Non-Profit Corporation

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SECRETARY OF STATE  
CORPORATIONS DIV  
2019 JAN -3 PM 12:29

a. The name of the entity filing this application for transfer is:

Extend Health, Inc.

b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island:

02/07/2014

c. The jurisdiction upon transfer of authority:

Delaware

d. The name of the entity following the transfer of authority is:

Extend Health, LLC

e. The application for transfer is filed as an accompanying certificate to the ☐ certificate of registration for a limited partnership or ☒ application for registration for a limited liability company or ☐ application for certificate of authority for a business corporation or ☐ application for certificate of authority for a non-profit corporation or ☐ notice of registration for a registered limited liability partnership (*check one box only*).

f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.

FILED  
JAN 03 2019  
BY [Signature] AST M4  
12:29

**SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY**

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 12/04/19

\_\_\_\_\_  
Print Name of Other Entity

OR

\_\_\_\_\_  
Print Name of Partnership

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Partner

**Extend Health, Inc.**  
\_\_\_\_\_  
Print Name of Corporation

OR

\_\_\_\_\_  
Print Name of Limited Liability Company

By: Walter H. Betchley  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person



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:

January 03, 2019 12:29 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*

