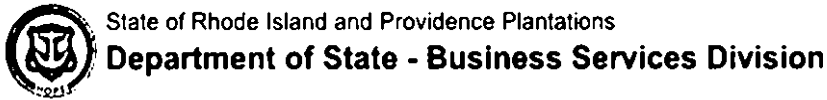


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 BUS SVCS DIV
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Application for Certificate of Authority
 FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

[]

1. The name of the corporation is: Elite Sales Processing, Inc.		
2. It is incorporated under the laws of: Nebraska		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 01/20/2006		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 11205 Wright Circle, Suite 120, Omaha, Nebraska 68144		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Highway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Provide Underwriting & Insurance services, operates as an approved third-party administrator & licensed Medical info Bureau Check administrator.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Carla L. Brown	11205 Wright Circle, Suite 120, Omaha, NE 68144
Chad M. Gracey	11205 Wright Circle, Suite 120, Omaha, NE 68144
Christopher Murumets	11205 Wright Circle, Suite 120, Omaha, NE 68144
Ray DiDonna	11205 Wright Circle, Suite 120, Omaha, NE 68144

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated): SEE ATTACHED LIST

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
5,000	Common		10

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 _____ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 _____ %

ELITE SALES PROCESSING, INC.

Name	Title	Address
Dennis Gunderson	Chief Underwriting Officer	11205 Wright Circle, Suite 120, Omaha, Nebraska 68144
Chad M. Gracey	Chief Marketing Officer	11205 Wright Circle, Suite 120, Omaha, Nebraska 68144
Clifford R. Jenks	Assistant Secretary	11205 Wright Circle, Suite 120, Omaha, Nebraska 68144
Carla L. Brown	Chief Operating Officer and Secretary	11205 Wright Circle, Suite 120, Omaha, Nebraska 68144
Quinn M. Jones	Chief Information Officer	11205 Wright Circle, Suite 120, Omaha, Nebraska 68144

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Clifford R. Jenks

Date

9/4/2019

Signature of Authorized Officer of the Corporation

 SIGN DOCUMENT HERE

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

ELITE SALES PROCESSING, INC.

**incorporated on January 20, 2006 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

July 24, 2019



A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State