

Filing fee: \$50.00  
License fee: \$15.00 minimum  
(Section 7-1.1-124)

**APPLICATION FOR  
CERTIFICATE OF AUTHORITY  
OF**

Affiliated Healthcare Systems

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned 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:

FIRST: The name of the corporation is .....

Affiliated Healthcare Systems

SECOND: The name which it elects to use in Rhode Island is .....

Affiliated Healthcare Systems, Inc.

(If the name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Rhode Island;)

THIRD: It is incorporated under the laws of Maine

FOURTH: The date of its incorporation is Dec. 20, 1982 and the period of its duration is perpetual

FIFTH: The address of its principal office in the state or country under the laws of which it is incorporated is 489 State St., Bangor, ME 04401

SIXTH: The address of its proposed registered office in Rhode Island is 111 Westminster Street, Providence, R.I. 02903 and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEM

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

To act a holding company for health-related business corporations.

**EIGHTH: The names and respective addresses of its directors and officers are:**

<u>Name</u>	<u>Office</u>	<u>Address</u>
.....	Director	.....
See Attached Rider	Director	.....
.....	Director	.....
.....	.....	.....
.....	President	.....
.....	Vice President	.....
.....	Secretary	.....
.....	Treasurer	.....
.....	.....	.....
.....	.....	.....

**NINTH: 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:**

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	Common	--	\$100.00

**TENTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:**

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	Common	--	\$100.00

**ELEVENTH:** An estimate of the value of all property to be owned by it for the following year, wherever located, is \$ 1,867,112.00

**TWELFTH:** An estimate of the value of its property to be located within Rhode Island during such year is \$ -0-

**THIRTEENTH:** An estimate of the gross amount of business to be transacted by it during such year is \$ 12,000,000.00

**FOURTEENTH:** An estimate of the gross amount of business to be transacted by it at or from places of business in Rhode Island during such year is \$ 250,000.00

**FIFTEENTH:** This Application is accompanied by a copy of its articles of incorporation and all amendments thereto, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated February 6, 19 86 Affiliated Healthcare Systems  
[Exact Corporate Name of Corporation Making Application]

By Robert H. Brandow  
Robert H. Brandow Its President  
and John E. Hess Its Clerk/Secretary

STATE OF Maine }  
COUNTY OF Penobscot } Sc.

At Bangor, Maine in said County on the 6th day  
of February 19 86, before me personally appeared  
Robert H. Brandow, who being by me first duly sworn, declared that  
he is the President of Affiliated Healthcare Systems  
that he signed the foregoing document as such President of the  
corporation, and that the statements therein contained are true.

Michael B. Trainor  
Notary Public

(NOTARIAL SEAL)

MICHAEL B. TRAINOR, Notary Public  
My Commission Expires December 18, 1990

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02/21/86 PAID

CP&S 65.00  
CHECK 65.00  
2087A001

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Names and Addresses of Directors

<u>Name</u>	<u>Address</u>
Mrs. Merrill R. Bradford	233 Cedar Street Bangor, ME 04401
William C. Bullock, Jr.	Mill Creek Road Orrington, ME 04474
David M. Carlisle	166 Webster Avenue Bangor, ME 04401
G. Clifton Eames	17 Fairmount Park W. Bangor, ME 04401
Rollin F. Haynes	565 Ocean Hse. Road Cape Elizabeth, ME 04107
Malcolm E. Jones	318 Broadway Bangor, ME 04401
Arthur E. McKenzie	South Road East Holden, ME 04429
Thornton W. Merriam, Jr., M.D.	44 James Street Bangor, ME 04401
Edward M. Stone	4 Frost Lane Orono, ME 04473
Mrs. Robert W. Young	Copeland Hill Road Holden, ME 04412
Philip R. Kimball, M.D. (ex-officio)	242 Cedar Street Bangor, ME 04401

Names and Addresses of Officers

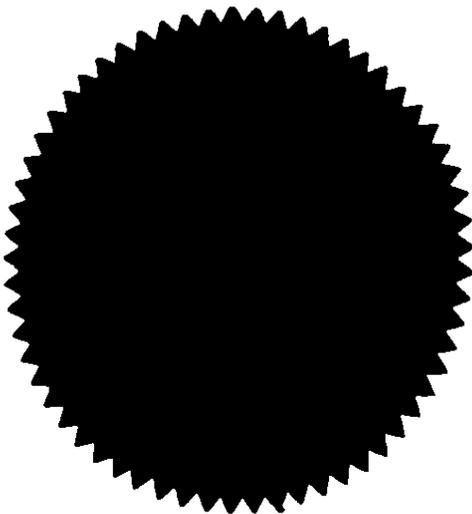
<u>Name</u>	<u>Address</u>
Robert H. Brandow - President	166 Broadway Bangor, ME 04401
Frank J. Hannon - Exec. V.P.	56 W. Broadway Bangor, ME 04401
Kenneth A. Hews - Treasurer	92 Dartmouth Street Bangor, ME 04401
John E. Hess - Clerk	18 Heather Road Bangor, ME 04401



# State of Maine

## Department of State

I, the Secretary of State of the State of Maine, do hereby Certify that the paper to which this is attached is a true copy from the records of this office.



In Testimony Whereof, I have caused the Great Seal of the State to be hereunto affixed. GIVEN under my hand at Augusta, this thirty-first day of December in the year of our Lord one thousand nine hundred and eighty-five.

Handwritten signature of the Secretary of State.

Secretary of State