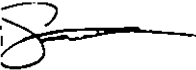


FORM 251 - Revised 12/2023

6. If the entity's principal place of business is changing indicate the new principal address: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
7. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Corporate Name of the Non-Profit Corporation The Cancer Network, Inc.	
Type or Print Name of the <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President Dr. NFN Scout	Date 03.12.2025
Signature of President OR Vice President 	
Type or Print Name of the <input checked="" type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary Brenda Thompson	Date 03.12.2025
Signature of the Secretary OR Assistant Secretary <i>Brenda Thompson</i>	

TWO SIGNATURES ARE REQUIRED



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

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 31, 2025 02:16 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

