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August 16,2005

To Whom It May Concern:

Please file the enclosed Application for Qualification form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 116$

Sincerely,

Tena Lumpkins Corporate Services Department

SECRETARY CERTAINE

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Achieve Healthcare Information Technologies, L.	.P.
(Name of limited partner	ship as it is in the home state)
If name is unavailable, name under which the limited pa must contain the word	artnership proposes to register or transact business in Florida; d "LIMITED" or "LTD.")
Delaware	4. 7/26/2002
(State of Formation)	(Date of Formation)
NRAI Services, Inc.	
(Name of Registered Ag	gent for Service of Process)
2731 Executive Park Drive, Suite 4	
	of Registered Office)
Veston	, Florida 33331
(City)	(Zip Code)
. Acceptance by the Registered Agent for Service of Pro	S AUG CRETA CAHAS
Thans In Staff	sign on this line)
7690 GOLDEN TRIANGLE (Address of registered office required in state of fo	DA , EDEN PARISE MUSS 344 ormation or, if not required, address of principal office.)
. NAMES OF GENERAL PARTNERS	STREET ADDRESS
Achieve Healthcare	7690 Golden Triangle Dr -C Eden Prairie, MN 55344
705-4305	

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

315 West Je Eferson Blud., South Bend, IN 46601
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

12. 769	O Golden Trie	ingle Driv	9		<u>-</u>
840	n Prairie, M	N 55344			
	(Mailing Addres	ss of Limited Partnership)		
	rjury I, being duly sworn, declared herein are true and correct.	e that I have read the fore	going and know	the contents there	eof
Signed this 19+	aday of July		, <u>2005</u>	· • •	
	ICHIENE HEALTHON	Lem INFORMA	ltian Sy	istems,	uc for
STATE OF ZND	nday of July ICHIENE HEATTHCA By: Charles M. IANA	neral Partner Loesew, Secv	retory	_	
COUNTY OF <u>\$ 7</u>	TOSEPH		~ .		
	17 day of July				
Charles	M. Loeser		personally appear	ared before me,	
who is personally				ECRETAR	NITE OF STREET
whose identity I p	roved on the basis of	 		7 P 2	- 122
	Geralding Foo	edes e Signature)		## ω	-
	Geraldine Ro (Notary's Prin	e de A ted Name)			-
Seal	My Commission Expires:	on. 16, 2009			

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Achieve Healthcave Information, LLC
BEFORE ME the undersigned personally appeared
a general partner of Achieve Healthcare Information Technologies, L.P, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ \(\frac{8, (00,000}{2} \)
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of . •
transacting business in Florida is \$ _ O
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.
Signed this 19th day of July ,2005.
General Pariner Charles M. Loeser, Secretories
Charles M. Loeser, Secretories
STATE OF ZWD/AWA
COUNTY OF ST JOSEPH TO SEPH
On this 19 th day of July , 2005 0
Charles M. Loeser personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
Geraldine Kreder
(Notary Public Signature)
Coeral dine Koeder (Notary's Printed Name)
Seal My Commission Expires: 16 2009