

L0300002411911

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

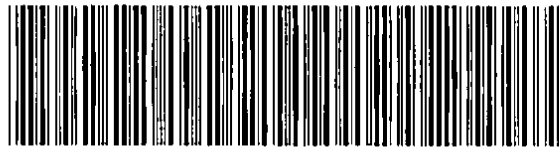
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1. **ARETE HEALTHCARE PROFESSIONALS, LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager


AMBR = Authorized Member

[illegible]

[illegible]

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Typed or printed name of signee

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