



CERTIFICATE OF INCORPORATION  
OF

*ABLE ADMINISTRATIVE SERVICES, INC.*

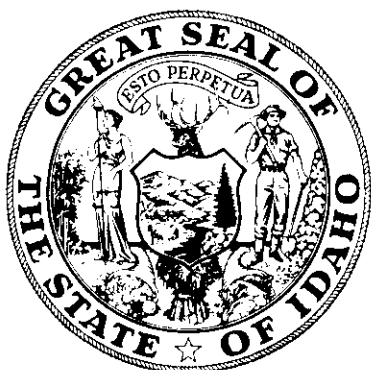
I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of Articles of Incorporation for the incorporation of \_\_\_\_\_

*ABLE ADMINISTRATIVE SERVICES, INC.*

duly signed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Incorporation and attach hereto a duplicate original of the Articles of Incorporation.

Dated: *October 7, 1982*



A handwritten signature in cursive script, reading "Pete T. Cenarrusa".

SECRETARY OF STATE

by: \_\_\_\_\_

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ARTICLES OF INCORPORATION

OF

ABLE ADMINISTRATIVE SERVICES, INC.

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, being of full age and a citizen of the United States, do this day voluntarily form a corporation under the provisions of the Idaho Business Corporation Act, and I hereby certify in writing:

ARTICLE I  
NAME

The name of the corporation shall be Able Administrative Services, Inc.

ARTICLE II  
PURPOSES AND POWERS

The purposes for which this corporation is formed are to engage in any lawful act or activity for which corporations may be organized under the Idaho Business Corporation Act and to possess and exercise all the powers and privileges granted by the Idaho Business Corporation Act or by any other law of Idaho, together with any lawful powers and privileges incidental thereto, so far as such powers and privileges are necessary or convenient to the conduct, promotion or attainment of the business or purposes of the corporation.

ARTICLE III  
DURATION

Subject to dissolution in the manner provided by law, the corporation shall be perpetual.

ARTICLE IV  
REGISTERED OFFICE

The registered office of said corporation in the State of Idaho shall be located at 184 Second Street West, Twin Falls, in the County of Twin Falls. The post office address of the registered office of said corporation in the State of Idaho, County of Twin Falls shall be P.O. Box 422, Twin Falls, Idaho 83301. Marlene L. Able shall be the registered agent at the address set forth above.

ARTICLE V  
CORPORATE STOCK

The aggregate number of shares which the corporation shall have authority to issue is 10,000, all of which shall have a par value of \$1.00 per share.

ARTICLE VI  
INCORPORATOR

Following is the name and post office address of the incorporator:

NAME OF INCORPORATOR

Marlene L. Able

POST OFFICE ADDRESS

P.O. Box 422  
Twin Falls, ID 83301


ARTICLE VII  
MANAGEMENT

The business of the corporation shall be managed by a board of at least three (3) directors, except that if all of the shares of the corporation are owned beneficially and of record by either one (1) or two (2) stockholders, the number of directors may be less than three (3) but not less than the number of stockholders. A director shall hold office for the term for which she was named or elected and until her successor is elected and qualified. Marlene L. Able shall serve as director until the first annual meeting of shareholders or until her successor is elected and qualified.

ARTICLE VIII  
BY-LAWS

The initial By-laws of the corporation shall be adopted by its board of directors. The power to alter, amend or repeal the By-laws or adopt new By-laws, subject to repeal or change by action of the shareholders, shall be vested in the board of directors.

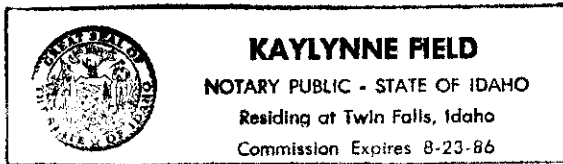
IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of October, 1982.

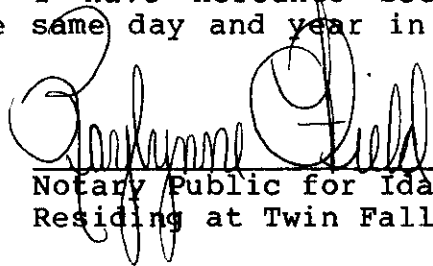
  
\_\_\_\_\_  
Marlene L. Able

STATE OF IDAHO                    )  
  ) ss.  
County of Twin Falls        )

On this 5<sup>th</sup> day of October, 1982, before me, the undersigned, a notary public in and for said county and state, personally appeared Marlene L. Able, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the same day and year in this certificate first above written.



  
\_\_\_\_\_  
Notary Public for Idaho  
Residing at Twin Falls, Idaho