



Department of State.

**CERTIFICATE OF AUTHORITY
OF**

L.M. WILLSON, JR., M.D., P.C.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of **L.M. WILLSON, JR., M.D., P.C.**

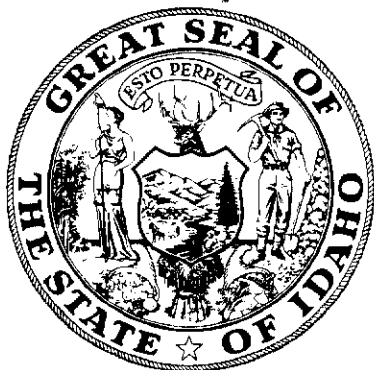
_____ for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to **L.M. WILLSON, JR., M.D., P.C.**

to transact business in this State under the name **L.M. WILLSON, JR., M.D., P.C.**

_____ and attach hereto a duplicate original of the Application for such Certificate.

Dated **November 10, 1986**



Pete T. Cenarrusa

SECRETARY OF STATE

Shirley L. ...
Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To the Secretary of State of Idaho

Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:

1. The name of the corporation is L. M. Willson, Jr., M.D., P.C.

2. The name which it shall use in Idaho is L. M. Willson, Jr., M.D., P.C.

(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)

3. It is incorporated under the laws of Montana

4. The date of its incorporation is September 30, 1981 and the period of its duration is perpetual

5. The address of its principal office in the state or country under the laws of which it is incorporated is Donald A. Labar; Church, Harris, Johnson & Williams; Third Floor Northwest Bank Building, P.O. Box 1645; Great Falls, MT 59403

6. The address to which correspondence should be addressed, if different from that in item 5. Hansen, Beard, Martin & St. Clair, Chartered Winston V. Beard, P.O. Box 501, Idaho Falls, ID 83402

7. The street address of its proposed registered office in Idaho is 683 N. Capital, Idaho Falls, ID 83402

, and the name of its proposed registered agent in Idaho at that address is Winston V. Beard

8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are: To engage in the practice of Medicine

9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>L. M. Willson, Jr.</u>	<u>President</u>	<u>2001 S. Woodruff, Suite 12B</u>
	<u>and Treasurer</u>	<u>Idaho Falls, ID 83401</u>
	<u>Director</u>	
<u>Wendy B. Willson</u>	<u>Secretary</u>	<u>2001 S. Woodruff, Suite 12B</u>
		<u>Idaho Falls, ID 83401</u>

(continued on reverse)

Name

Office

Address

10. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.
11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: _____

L. M. Willson, Jr., M.D., P.C.

(Corporation Name)

By L. M. Willson, Jr. President
Its President/ Vice President (please specify)

and Kendy Beale Wilkin Secretary
Its Secretary/ Assistant Secretary (please specify)

STATE OF Idaho)
) ss:
COUNTY OF Bonneville)

I, _____, a notary public, do hereby certify that on
this _____ day of _____, 19 86, personally appeared before
me L. M. Willson, Jr., M.D., who being by me first duly sworn, declared that (s)he
is the President of L. M. Willson, Jr., M.D., P.C.

that (s)he signed the foregoing document as President of the corporation and that
the statements therein contained are true.

Kathryn S. Mulbury

Notary Public

Residing at: 1416 1/2 S. 15th, ID 83401
My Commission Expires: 8-3-92

SECRETARY OF STATE

STATE OF MONTANA

RECEIVED
NOV. 10 1986
86 NOV 10 AM 9 22

CERTIFICATE OF GOOD STANDING

I, JIM WALTERMIRE, Secretary of State of the State of Montana do hereby certify that L.M. WILLSON, JR., M.D., P.C. duly filed its Articles of Incorporation in this office on

September 30, 1981

and on that date was created a body politic and corporate.

I further certify that no notice or decree of dissolution has been placed on record in this office by said corporation and that so far as my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact its business and conduct its affairs in this state.

IN WITNESS WHEREOF, I
have hereunto set my hand and
affixed the Great Seal of the
State of Montana at Helena, the
Capital, this 30th day of
October, A.D. 1986.



Jim Waltermire
JIM WALTERMIRE
Secretary of State