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State of Idaho

Department of State

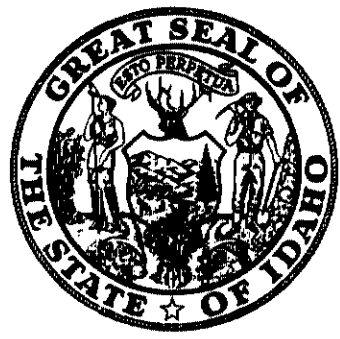
AMENDED CERTIFICATE OF AUTHORITY OF

COMDISCO MEDICAL LEASING GROUP, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of COMDISCO MEDICAL LEASING GROUP, INC. for an Amended 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 Amended Certificate of Authority to COMDISCO MEDICAL EQUIPMENT GROUP, INC. to transact business in this State under the name COMDISCO MEDICAL EQUIPMENT GROUP, INC. and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated: October 2, 1992



Pete T. Cenarrusa
SECRETARY OF STATE

By *Sheryl Barrios*

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

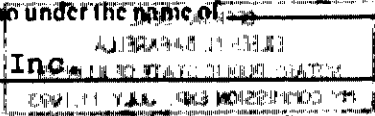
To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-118, Idaho Code, the undersigned corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement.

1. A Certificate of Authority was issued to the corporation by your office on 12/16/91

19 _____ authorizing it to transact business in the State of Idaho under the name of _____

Comdisco Medical Leasing Group, Inc.



2. Its corporate name has been changed to Comdisco Medical Equipment Group, Inc.

(Note: If the corporation name has not been changed, insert "No change.")

3. The name which it shall use hereafter in the State of Idaho is Comdisco Medical Equipment Group, Inc.

Note: If the corporate name has been changed and the new name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or any abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto or use in Idaho. If a professional service corporation, add the appropriate word in place of those listed above.

4. It desires to pursue in the transaction of business in the State of Idaho purposes other than or in addition to those set forth in its prior application for certificate of authority, as follows:

No Change

(Note: If no additional purposes are proposed, insert "No change.")

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SECRETARY OF STATE
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Dated August 24, 19 92

By [Signature] _____

Its _____ President

George P. Conbeer, President

And [Signature] _____

Its _____ Secretary

Thomas M. Doerr, Assistant Secretary

STATE OF Illinois)

) ss:

COUNTY OF Cook)

I, F. M. BAGARELLA, a notary public, do hereby certify that on this

24th day of AUGUST, 19 92, personally appeared

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(continued on reverse)

before me George P. Conbeer who being by me first duly sworn,
declared that he is the President of Comdisco Medical Equipment Group, Inc.

that he signed the foregoing document as Comdisco Medical Equipment
Group, Inc. of the corporation and
that the statements therein contained are true.

Eileen M. Bagarella

Notary Public



State of Delaware



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SEC. OF STATE

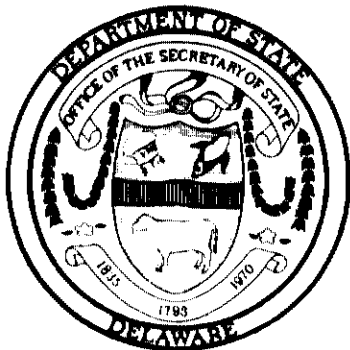
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Office of Secretary of State

I, MICHAEL RATCHFORD, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COMDISCO MEDICAL LEASING GROUP, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS CORPORATE TITLE TO "COMDISCO MEDICAL EQUIPMENT GROUP, INC.", ON THE SECOND DAY OF SEPTEMBER, A.D. 1992, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

* * * * *



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Michael Ratchford, Secretary of State

AUTHENTICATION: *3578198

DATE: 09/02/1992