

State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY
OF

PALOUSE FOOT & ANKLE CLINIC, P.S.
dba PALOUSE FOOT & ANKLE CLINIC, P.C.

File Number **C 131868**

I PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the Application for such Certificate.

Dated: January 3, 2000



Pete T. Cenarrusa
SECRETARY OF STATE

By *Shirley Roberts*

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APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

To the Secretary of State of Idaho:

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is Palouse Foot & Ankle Clinic, P.S.
- The name which it shall use in Idaho is Palouse Foot & Ankle Clinic, P.C.
- It is incorporated under the laws of Washington State
- Its date of incorporation is 5-3-99 (Amended name on 10-21-99, effective 8-1-99).
- The address of its principal office is 1205 S.E. Professional Mall Blvd. #114
Pullman, WA 99163
- The address to which correspondence should be addressed, if different from item 5, is _____
- The street address of its registered office in Idaho is 619 S. Washington #103 Moscow, ID
83843, and its registered agent in Idaho at that address is Brad Capawana
- The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>Brad Capawana</u>	<u>President</u>	<u>1205 SE Professional Mall Blvd #114</u> <u>Pullman, WA 99163</u>
<u>Debbie Capawana</u>	<u>Secretary</u>	<u>1205 SE Professional Mall Blvd #114</u> <u>Pullman, WA 99163</u>
_____	_____	_____
_____	_____	_____

Dated: 12-6-99
Palouse Foot & Ankle Clinic P. S.
(Corporation name)
By [Signature]Its President

(specify capacity of signer)

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

 01/03/2000 09:00
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STATE of WASHINGTON



SECRETARY of STATE

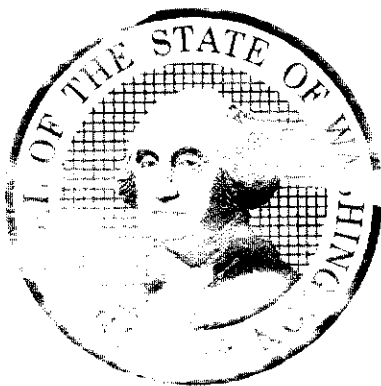
I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

PALOUSE FOOT & ANKLE CLINIC, P.S.

I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on May 3, 1999.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.



Date: December 10, 1999

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

SBF

Ralph Munro, Secretary of State