

State of Idaho

Office of the Secretary of State

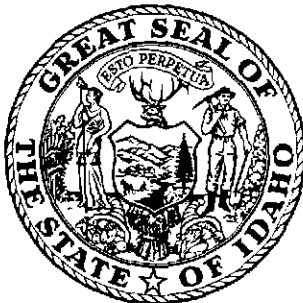
**CERTIFICATE OF REGISTRATION
OF
PAIN PARTNERS, LLC**

File Number W 157160

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: October 8, 2015



Lawrence Denney
SECRETARY OF STATE

By *Conthia*



FOREIGN REGISTRATION STATEMENT

FILED EFFECTIVE

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

 Complete and submit the form in duplicate.

2015 OCT -8 AM 8:13

 SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Pain Partners, LLC
2. The name which it shall use in Idaho is: _____
3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____	
4. Jurisdiction of formation: Nevada
5. The address of its principal office is:

<u>3355 N Five Mile #273</u>	<u>Boise</u>	<u>ID</u>	<u>83713</u>
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6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

8. Name and street address of registered agent in Idaho:

<u>Desiree Holmes</u>	<u>3355 N Five Mile</u>	<u>Boise</u>	<u>ID</u>	<u>83713</u>
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9. The name, capacity, and mailing address of at least one governor:

<u>JoAnna Harper</u>	<u>Manager</u>	<u>3355 N Five Mile #273</u>	<u>Boise</u>	<u>ID</u>	<u>83713</u>
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 Typed Name: JoAnna Harper

 Signature: 

 Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

10/08/2015 05:00

CK:89 CT:315447 BH:1495536

1@ 100.00 = 100.00 FOR REG ST #2

W 157160

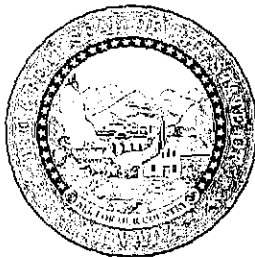
SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PAIN PARTNERS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 14, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 6, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20151006-0269
You may verify this electronic certificate
online at <http://www.nvsos.gov/>