

State of Idaho

Department of State

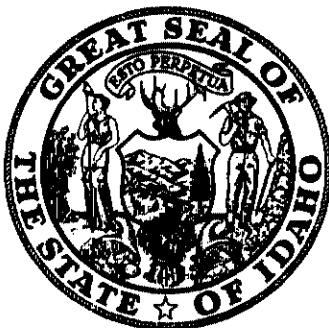
CERTIFICATE OF INCORPORATION OF

TWIN FALLS CLINIC PHYSICIANS, P.A.

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 the above named corporation, 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: February 24, 1993



Pete T. Cenarrusa
SECRETARY OF STATE

By *Valerie Taylor*

RECEIVED
ARTICLES OF INCORPORATION SEC. OF STATE

OF 93 FEB 24 AM 8 38

TWIN FALLS CLINIC PHYSICIANS, P.A.

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, being of full age and a citizen of the United States does this day voluntarily form a corporation under the provisions of the Idaho Business Corporation Act and Professional Service Corporations Act, and certifies in writing:

**ARTICLE I
NAME**

**The name of the corporation shall be TWIN FALLS CLINIC PHYSICIANS,
P.A.**

**ARTICLE II
PURPOSES AND POWERS**

The purposes for which this corporation is formed are the operation of a group professional medical practice, along with any other lawful activity or enterprise for which corporations may be organized under the Idaho Business Corporations Act and Professional Service Corporations Act, excepting the ownership, operation or management of any hospital. The corporation shall possess and may exercise all powers, privileges and prerogatives granted by the Idaho Business Corporations Act, and any lawful powers, privileges or prerogatives incidental thereto, so far as such powers, privileges and prerogatives are necessary and/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 the corporation in the State of Idaho shall be located at 666 Shoshone Street East, Twin Falls, ID 83301. The post office address of the

registered office of the corporation in the State of Idaho, County of Twin Falls, shall be 666 Shoshone Street East, Twin Falls, ID 83301. Marley Jackman shall be the registered agent at the address set forth above.

ARTICLE V CORPORATE STOCK

The aggregate number of common shares which the corporation shall have authority to issue is 100,000, all of which shall have a par value of \$1.00 per share.

ARTICLE VI INCORPORATOR

Robert S. Lobb, M.D. is the sole incorporator. The post office address of the incorporator is 666 Shoshone Street East, Twin Falls, ID 83301.

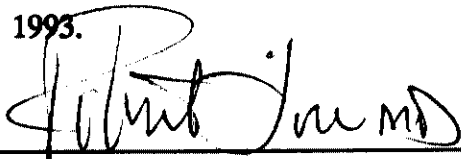
ARTICLE VII MANAGEMENT

The business of the corporation shall be managed by a board of at least three directors, except that if all of the shares of the corporation are owned beneficially and of record by either one or two stockholders, the number of directors may be less than three but not less than the number of stockholders. A director shall hold office for the term for which he was named or elected and until his successor is elected and qualified. The incorporator listed in Article VI above shall serve as the sole director until the first annual meeting of the shareholders or until his successors are elected and qualified.

ARTICLE VIII BY-LAWS

The initial By-laws of the corporation shall be adopted by the 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.

Dated this 22nd day of February, 1993.




Robert S. Lobb, M.D.

STATE OF IDAHO)
)
County of Twin Falls)

On this 22nd day of February, 1993, before me, the undersigned, a notary public in and for said county and state, personally appeared Robert S. Lobb, M.D., known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same.

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



NOTARY PUBLIC FOR IDAHO
Residing at: *Twin Falls*
Commission Expires: *May 29, 1997*

(HOHN\TFCCAOL219)