

State of Idaho

Office of the Secretary of State

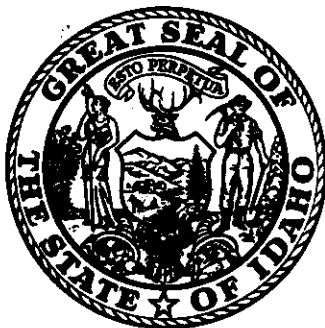
**CERTIFICATE OF AUTHORITY
OF
PROFESSIONAL ANESTHESIA SERVICES, INC.**

File Number C 201041

I, BEN YSURSA, 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 31, 2014



Ben Yursa

SECRETARY OF STATE

By *J. A. [Signature]*



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2014 JAN 31 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

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

- The name of the corporation is:
Professional Anesthesia Services, Inc.
- The name which it shall use in Idaho is: Professional Anesthesia Services, Inc
- It is incorporated under the laws of: Nevada
- Its date of incorporation is: January 10, 2014
- The address of its principal office is:
3510 NE June Lane Mountain Home, Id 83647
- The address to which correspondence should be addressed, if different from item 5, is:
3510 NE June Lane Mountain Home, Id 83647
- The street address of its registered office in Idaho is: 3510 NE June Lane, Mountain Home, Id 83647
and its registered agent in Idaho at that address is: Julie Benzie
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Julie Benzie</u>	<u>President</u>	<u>3510 NE June Lane Mtn. Home, Id 83647</u>
<u>Julie Benzie</u>	<u>Secretary</u>	<u>3510 NE June Lane Mtn. Home, Id 83647</u>
<u>Julie Benzie</u>	<u>Treasurer</u>	<u>3510 NE June Lane Mtn. Home, Id 83647</u>
<u>Julie Benzie</u>	<u>Director</u>	<u>3510 NE June Lane Mtn. Home, Id 83647</u>
_____	_____	_____
_____	_____	_____

Dated: January 28, 2014

Signature: _____

Typed Name: Julie BenzieCapacity: President

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

g:\corp\formel\corp
formel\corp\authority_prof.pmd
Revised 06/2005

IDAHO SECRETARY OF STATE
01/31/2014 05:00
CK: 2324 CT: 277348 BH: 1488534
1 @ 100.00 = 100.00 AUTH PRO # 2

C 201041

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **PROFESSIONAL ANESTHESIA SERVICES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 10, 2014, 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 January 28, 2014.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20140128-4512
You may verify this electronic certificate
online at <http://www.nvsos.gov/>