

# State of Idaho

Office of the Secretary of State

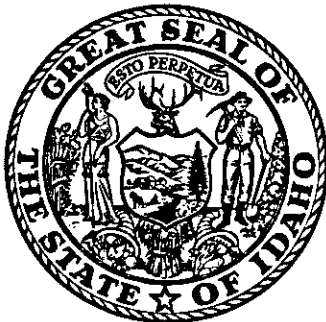
**CERTIFICATE OF AUTHORITY  
OF  
ANDREGG'S GLACIER HI-LINE SERVICE, P.C.**

File Number C 169965

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: November 20, 2006



*Ben Yursa*

SECRETARY OF STATE

By

*Christine L.*

202



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2006 NOV 20 AM 11:23  
SECRETARY OF STATE  
STATE OF IDAHO

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

1. The name of the corporation is:

ANDREGG'S GLACIER HI-LINE SERVICE, P.C.

2. The name which it shall use in Idaho is:

DBA Northern Anesthesia

3. It is incorporated under the laws of:

Montana

4. Its date of Incorporation is:

Nov. 1, 1985

5. The address of its principal office is:

17 Eagen Lane Hope, Id. 83836

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

7. The street address of its registered office in Idaho is:

17 Eagen Lane Hope

and its registered agent in Idaho at that address is:

Gary Andregg

8. The names and respective business addresses of its directors and officers are:

Name	Office Held	Business Address
<u>Gary Andregg</u>	<u>President</u>	<u>17 Eagen Ln.</u>
<u>Karen Andregg</u>	<u>V.P.</u>	<u>same</u>
<u>Bruce Andregg</u>	<u>Sec.</u>	<u>9906 S. Silver Ln.</u>
		<u>Spokane, Wa.</u>
		<u>99224</u>

Dated: 11-20-06

Signature:

Karen Andregg

Typed Name:

KAREN ANDREGG

Capacity:

V.P. or Sec.

(The signer must be a director or an officer of the corporation.)

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

11/20/2006 05:00

CK: 970741 CT: 172099 BH: 1014590

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1 @ 20.00 = 20.00 CORP SUR # 3

1 @ 20.00 = 20.00 EXPEDITE C # 4

C169965

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# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Brad Johnson, Secretary of State of the State of Montana, do hereby certify that

**ANDREGG'S GLACIER HI-LINE SERVICE, P.C.**

duly filed its Articles of Incorporation in this office on 1 November 1985, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



I IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 20 November 2006.

*Brad Johnson*

BRAD JOHNSON  
Secretary of State

Certified File Number: D061504