State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

CASCADE MEDICAL SUPPLY, INC.

File Number C 193717

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: February 14, 2012

GREAT SEAL OF THE STATE OF IDAHO

Ben Ysursa

SECRETARY OF STATE

By _____

202

APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2012 FEB 14 PM 1:00

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:
   CASCADE MEDICAL SUPPLY, INC.
2. The name which it shall use in Idaho is: _____
3. It is incorporated under the laws of: Washington
4. Its date of incorporation is: 10/31/2001
5. The address of its principal office is:
   4345 Southpoint Blvd., Jacksonville, FL 32216
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:, 1423 Tyrell Lane, Boise, Idaho 83706
   and its registered agent in Idaho at that address is: National Registered Agents, Inc.
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
David M. Bronson	Director	4345 Southpoint Blvd., Jacksonville, FL 32
Andrew E. Behrends	Director	4345 Southpoint Blvd., Jacksonville, FL 32
Mark Steele	President	4345 Southpoint Blvd., Jacksonville, FL 32
David M. Bronson	Vice President	4345 Southpoint Blvd., Jacksonville, FL 32
David D. Klamer	VP/Treasurer	4345 Southpoint Blvd., Jacksonville, FL 32

Dated: 01/25/2012

Signature: _____

Typed Name: David D. Klamer

Capacity: VP/Treasurer

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

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

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Web Form

IDAHO SECRETARY OF STATE
02/14/2012 05:00
CK: 7382 CT: 221020 BH: 1318664
1 @ 100.00 = 100.00 AUTH PRO # 4
1 @ 20.00 = 20.00 EXPEDITE C # 5

C193717

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

CASCADE MEDICAL SUPPLY, INC.

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 WA and was issued a Certificate Of Incorporation in Washington on 10/31/2001.

I FURTHER CERTIFY that as of the date of this certificate, CASCADE MEDICAL SUPPLY, INC. remains active and has complied with the filing requirements of this office.

Date: February 10, 2012

UBI: 602-158-743

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

Sam Reed

Sam Reed, Secretary of State