State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

HOLOGIC, INC.

File Number C 210556

I, LAWERENCE 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: July 20, 2016

THE SEATON OF THE SOUTH OF THE

SECRETARY OF STATE

202

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in <u>duplicate</u>.

2016 JUL 20 PM 2: 08
SECRETARY OF STATE
STATE OF IDAHO

1.	1. The name of the entity is: Hologic, Inc.					
2.	The name which it shall use in Idaho is:					
3. Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name					you are required to adopt an alternate name)	
Ψ.		☑ Business Corporation ☐ General Partnership				
	☐ Nonprofit Corporation ☐ General Cooperative Association					
	☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership					
	☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust					
	Other:					
	(Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)					
4.	Jurisdiction of formation: Delawar	urisdiction of formation: (Provide the domestic jurisdiction where the entity was formed)				
5.	The address of its principal office is: 250 Campus Drive, Marlborough, MA 01752					
	(Street Address)					
	(Mailing Address, if different)					
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:					
	(Street Address)					
	(Mailing Address, if different)					
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:					
	(Address)					
8.	The name of the registered agent and street address of registered agent <u>in Idaho:</u>					
	C T Corporation System 921 S Orchard Street, Suite G, Boise, Idaho 83705					
	(Name) (Address)					
9.	The name, capacity, and mailing address of at least one governor:					
	Patricia K. Dolan	Secretary	that is the same of the same o			
	(Name)	(Capacity)	(Address)			
	(Name)	(Capacity)	(Address)			
				≥		
	Signature: Patro /4	d 0-		se of	IDAHO SECRETARY OF STATE	
	Signature:			ate n	07/21/2016 05:00	
	Typed Name: Patricia K. Dolan			of St	CK: PREPAID CT: 278665 BH: 1538363	
	Typeu Ivallie.	<u> </u>		tany	16 100.00 = 100.00 FOR REG ST #2	
	Capacity: Secretary		,	Secretary of State use only	C210556	
				- 1	$C \propto C C C C C$	

Rev. 11/2015



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOLOGIC, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corn delaware gov/auth

Authentication: 202339513

Date: 05-18-16