101737

# State of Idaho

## Department of State

CERTIFICATE OF AUTHORITY
OF

#### SUNDANCE REHABILITATION CORPORATION

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of SUNDANCE REHABILITATION CORPORATION for a Certificate of Authority to transact business in this State, duly signed and verified 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 Authority to SUNDANCE REHABILITATION CORPORATION to transact business in this State under the name SUNDANCE REHABILITATION CORPORATION and attach hereto a duplicate original of the Application for such Certificate.

Dated: April 8, 1993



Pite D Cenarrusa SECRETARY OF STATE

By Inge Hoke

## **APPLICATION FOR CERTIFICATE OF AUTHORITY**

(Profit Corporation)

Ata 8 12 14 PM

SEGRETARY OF STATE

То	the Secretary of State of Idaho Pursuant to Section 30-1-110, idaho Code, the undersigned Authority to transact business in your State, and for that purpose			
1.	The name of the corporation is <u>Sundance Rehabilitati</u>	on Corporation		
2.	The name which it shall use in Idaho is			
	(To be used only when required to avoid a conflict with a name aire Directors resolution adopting assumed name in idaho.)	ady on file. Must be accompanied by a Board of		
3.	It is incorporated under the laws of			
4.	The date of its incorporation isDecember_4, 1990unlimited			
5.	The address of its principal office in the state or country unde			
6.	The address to which correspondence should be addressed,	if different from that in item 5.		
	5600 Wyoming Blvd NE Suite 140. Albuquerque	New Mexico 87109		
<b>7</b> .	n-4me. Idaho	is300 North Sixth Street, and the name of its proposed		
	registered agent in Idaho at that address is	•		
8.	The purpose or purposes which it is proposed to pursue in the transaction of business in Idaho are:			
	Employ therapist to provide rehabilitative therapy services at nursing homes			
	(Continued on reverse)	Secretary of State use only		
	Submit application and certificate of status to:	IDAHO SECRETARY OF STATE 19930408 0900 65246 2		
	Office of the Secretary of State	CK #1 5345 CUST# 1 COMPORATIO 18 60.00= 60.00		
	Division of Corporations Statehouse, Room 203 Boise, Idaho 83720	# z		

<b>Name</b> Andrew L. Turner	<b>Office</b> President	5600 Wyoming Blvd NE Suite 140, Albu., NM
Danie W.Jorpe	Secretary	5600 Wyoming Blvd NE Suite 140 Albu., NM 87
	and shall comply wit	th the provisions of the Constitution and the laws of the State of
idaho.	manied by a Carlilla	ate of Corporate Status or Existence, duly authenticated by the
proper officer of the stat	e or country under th	e laws of which it is incorporated.
Deted: April 6	, 1993	
		Sundance Rehabilitation Corporation
	<b>0.</b> .	Andew Leuns
	Ву	ta Prostantific Engelding (bloose specify)
	•	Itis Secretary/Assistant Secretary/Disease apecify)
ATE OF NEW MEX	vico )	
TATE OF <u>New Mex</u> DUNTY OF Bernali	sico }	
		Its Secretary/Assistant Secretary (Flease specify)
1. Terri L.	Roche	its Secretary/Assistant Secretary/Blease specify)
1. Terril.	Roche you April	tti Secretary/Assistant Secretary/Dieses specify)
1. Terril.	Roche you April	tti Secretary/Assistant Secretary/Dieses specify)
1. Terril.	Roche you April	tti Secretary/Assistant Secretary/Dieses specify)
1. Terril.	Roche you April	tti Secretary/Assistant Secretary/Blease apecity)
Daniel N. Thousand	Roche you April ope al Officia on _	its Secretary/Assistant Secretary/Bloace apecity)
I, Terri L.  bth do  Daniel N. There  the Chief Financi  at (s)he signed the foregoi	Roche  Ny of April  Apr	its Secretary/Assistant Secretary/Sease specify
bth do Daniel N. They the Chief Financi	Roche  Ny of April  Apr	its Secretary/Assistant Secretary (Please specify)
I, Terri.L.  bth do  Daniel N. There  the Chief Financi  at (e)he signed the foregoi	Roche  Ny of April  Apr	its Secretary/Assistant Secretary/Bloace apecity)
I, Terri.L.  bth do  Daniel N. There  the Chief Financi  at (s)he signed the foregoi	Roche  Ny of April  Apr	its Secretary/Assistant Secretary/Sease specify)
I, Terri.L.  bth do  Daniel N. There  the Chief Financi  at (e)he signed the foregoi	Roche  Ny of April  Apr	its Secretary/Assistant Secretary/Sease specify
Daniel N. They the Chief Financi (a) the signed the foregoi	Roche  y of April  AL OFFICE of _  ing documents as Claimed are true.	the Secretary/Assistant Secretary/Bloace specify)
Naniel N. There the Chief Financia	Roche  y of April  AL OFFICE of _  ing documents as Claimed are true.	its Secretary/Assistant Secretary/Blease specify)



## State of Connecticut Office of Secretary of the State

Arn 8 12 14 PH 193 SEGRETARY OF STATE

I, Pauline R. Kezer, Secretary of the State of Connecticut, and keeper of the seal thereof, DO HEREBY CERTIFY, that the Certificate of Incorporation of

### Sundance Rehabilitation Corporation

as a STOCK corporation under the Connecticut General Statutes was filed in this office on December 4, 1990. The following comprises a list of amendments changing the name of the corporation filed in this office as of the date of this certificate:

#### AMENDMENTS CHANGING THE NAME TO

FILED

NONE

Insofar as the records of this office reveal, the corporation is in existence and in good standing.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State of Connecticut, at Hartford, this 15th day of Harch 1993.

Secretary of the State