

# State of Idaho

## Department of State

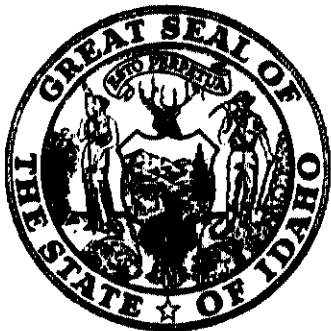
### CERTIFICATE OF AUTHORITY OF

THE WESTERN MONTANA CLINIC, P.C.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of THE WESTERN MONTANA CLINIC, P.C. 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 THE WESTERN MONTANA CLINIC, P.C. to transact business in this State under the name THE WESTERN MONTANA CLINIC, P.C. and attach hereto a duplicate original of the Application for such Certificate.

Dated: November 4, 1991



*Pete T. Cenarrusa*

SECRETARY OF STATE

*Sheryl DeBries*

Corporation Clerk

# APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

RECEIVED  
SECRETARY OF STATE  
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To the Secretary of State of Idaho

Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:

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1. The name of the corporation is The Western Montana Clinic, P.C.
2. The name which it shall use in Idaho is Western Montana Clinic Salmon, ID  
The Western Montana Clinic, P.C.  
(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)
3. It is incorporated under the laws of Montana
4. The date of its incorporation is February 8, 1989 and the period of its duration is perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is Western Montana Clinic, P.C. 515 West Front Missoula, MT 59802
6. The address to which correspondence should be addressed, if different from that in item 5.  
Western Montana Clinic, P.C. PO Box 7609 Missoula, MT 59807
7. The street address of its proposed registered office in Idaho is 818 Main Street, Suite E  
Salmon, ID 83467, and the name of its proposed registered agent in Idaho at that address is John A. Ellis, DO
8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are:  
Medical services
9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>S. F. Johnson, MD</u>	<u>President</u>	<u>515 West Front Missoula, MT 59802</u>
<u>G. C. Roth, Jr., MD</u>	<u>Vice President</u>	<u>515 West Front Missoula, MT 59802</u>
<u>T. H. Roberts, MD</u>	<u>Secretary</u>	<u>515 West Front Missoula, MT 59802</u>
<u>J. F. Knapp, MD</u>	<u>Treasurer</u>	<u>515 West Front Missoula, MT 59802</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

(continued on reverse)

Name

Office

Address

10. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.

11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: 9-26-91

Western Montana Clinic, P.C.

(Corporation Name)

By

St Johnson / President

Its President/ Vice President (please specify)

and

Jerry / Asst Sec

Its Secretary/ Assistant Secretary (please specify)

STATE OF Montana )

) ss:

COUNTY OF Missoula )

I, Marjorie A. Wallinder, a notary public, do hereby certify that on this 25th day of September, 19 91, personally appeared before me Stephen F. Johnson, who being by me first duly sworn, declared that (s)he is the President of Western Montana Clinic P.C.

that (s)he signed the foregoing document as President of the corporation and that the statements therein contained are true.

NOTARY PUBLIC for the State of Montana  
Residing at Missoula, Montana  
My Commission Expires July 8, 1994

Marjorie A. Wallinder

Notary Public

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# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF GOOD STANDING

I, MIKE COONEY, Secretary of State of the State of Montana do hereby certify that THE WESTERN MONTANA CLINIC, P.C. duly filed its Articles of Incorporation in this office on

February 8, 1989

and on that date was created a body politic and corporate.

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana at Helena, the Capital, this 29th day of October, A.D. 1991.

  
MIKE COONEY  
Secretary of State