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•	Department of State.						
	CERTIFICATE OF AUTHORITY						
	OF						
	BHEA HOME MEDICAL PRODUCTS, INC.						
I DETE	T CENADDIICA Secretary of State of the State of Idaha harehy certify that						
	I, PETE T. CENARRUSA. Secretary of State of the State of Idaho, hereby certify that						
duplicate origi	nals of an Application of SHRA MEDICAL PRODUCTS, INC.						
	for a Certificate of Authority to transact business in this State.						
duly signed an	d verified pursuant to the provisions of the Idaho Business Corporation Act, have						
been received	in this office and are found to conform to law.						
ACCORI	DINGLY and by virtue of the authority vested in me by law, I issue this Certificate of						
Authority to _	SHEA HOME MEDICAL PRODUCTS, INC.						
Authority to _	SHEA HOME MEDICAL PRODUCTS, INC.						
Authority to _ to transact bus	siness in this State under the name SHEA HOME MEDICAL PRODUCTS, INC and attach hereto a duplicate original of the Application						
Authority to _	siness in this State under the name SHEA HOME MEDICAL PRODUCTS, INC and attach hereto a duplicate original of the Application						
Authority to _ to transact bus  for such Certi	siness in this State under the name SHEA HOME MEDICAL PRODUCTS, INC and attach hereto a duplicate original of the Application ficate.						
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Authority to _ to transact bus for such Certi	siness in this State under the name  shea home Medical Products, Inc.  and attach hereto a duplicate original of the Application ficate.  August 12, 1991  Service Communication						
Authority to _ to transact bus for such Certi	siness in this State under the name SHEA HOME MEDICAL PRODUCTS, INC.  and attach hereto a duplicate original of the Application ficate.  August 12, 1991  SECRETARY OF STATE						



## APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

The nat	me of the corporation	is the Hos	ne Medie	LAY PRO	luets	Inc
The nai	me which it shall use i	n Idaho is Alea	Dome M	edical ,	podu	ut, li
		ired to avoid a conflict win adopting assumed name		n file. Must be		nied by a
It is inc	orporated under the l	aws of Washer	egton		<u>කි</u>	m <u>C ≈</u>
		is april 10,	•	and the per	riod of its	O C duration
	1 ^	Existence			An 8	YEU STATE
The add	dress of its principal o	office in the state or count	ry under the laws of	which it is incor	por <b>za</b> d is	•
	East 3	345 There	a Spoke	ene West	1.9	9202
The add		pondence should be addre	7	,		
The sta	d.d & i.e		with their	D Bu	MALL	
The stre	eet address of its prop	posed registered office in Id	aho is Beith	D. Br		
2104	7 N. Wille	ems Post Falls	Jaco 838:	54, and the na		
2104	7 N. Wille	posed registered office in Id LIMI POST FALLS that address is	Jaco 838:			
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register	H. M. Willia red agent in Idaho at t	that address is self- nich it proposes to pursue in A duyable	in the transaction of the Medical	54, and the na	me of its p	proposed
register The pu	red agent in Idaho at the prose or purposes when the second secon	hat address is Leis hich it proposes to pursue if Allyable Mad, Rey	in the transaction of which	54, and the na	me of its p	proposed
register The pu	red agent in Idaho at the prose or purposes when the second secon	that address is self- nich it proposes to pursue in A duyable	in the transaction of which	54, and the na	me of its p	proposed
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Name	Office	Address
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proper officer of the state ated: 1/10/9/	and Successions and Successions assessment to the second succession and succession assessment to the second succession assessment to the second succession as a	Corporate Status or Existence, duly authenticated by the the laws of which it is incorporated.    Corporation Name    Corporation Name    Its President (please specify)   La C. La Secretary (please specify)
OUNTY OFSPOKANE	<b>)</b>	
		, a notary public, do hereby certify that on
is 10th da	y of July	y , 19 91 , personally appeared before
Linda C. Shea		, who being by me first duly sworn, declared that (s)he
the <u>President</u>	of SHE	A HOME MEDICAL PRODUCTS, INC.
		MINISTER CONTRACTOR OF THE PROPERTY OF THE PRO
at (s)he signed the foregoing doc e statements therein contained a	ument as Pre	
		PUBLIC PUBLIC
	<b>~</b>	The in the state of the state o
		Notary Public Page 100 Page 10



### RECEIVED SEC. OF STATE

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# STATE of WASHINGTON SECRETARY of STATE

#### **CERTIFICATE OF EXISTENCE/AUTHORIZATION**

**OF** 

SHEA HOME MEDICAL PRODUCTS, INC.

I, RALPH MUNRO, Secretary of State of the State of Washington, hereby certify that I am the custodian of the corporation records of this state.

I FURTHER CERTIFY that the records on file in this office show that the above - named profit corporation was incorporated under the laws of the State of Washington and was issued a certificate of incorporation in Washington on April 10, 1991.

I FURTHER CERTIFY that as of the date of this certificate no Articles of Dissolution or Certificate of Withdrawal have been filed, that the conditions of the Revised Code of Washington, Title 23B.01.280(2) (a) through (d) have been met, and the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: July 15, 1991
Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol.

Raiph Munro, Secretary of State

E. Kelly

SSF69A(R5/91)