

# State of Idaho

Office of the Secretary of State

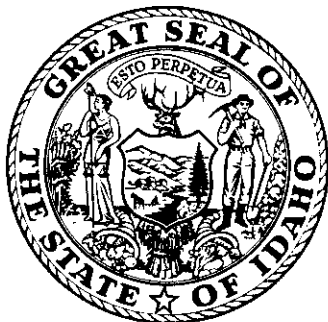
**CERTIFICATE OF AUTHORITY  
OF  
MEDICAL RECEIVABLE SERVICES, INC.**

File Number C 151695

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: 13 November 2003



*Ben Yursa*

SECRETARY OF STATE

By

*[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2003 NOV 13 AM 8:47  
SECRETARY OF STATE  
STATE OF IDAHO

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and its details as follows:

- The name of the corporation is:  
MEDICAL RECEIVABLE SERVICES, INC.
- The name which it shall use in Idaho is: Medical Receivable Services, INC.
- It is incorporated under the laws of: WASHINGTON
- Its date of incorporation is: 10/12/1999
- The address of its principal office is:  
12402 N DIVISION ST #129 SPOKANE, WA 99218
- The address to which correspondence should be addressed, if different from item 5, is:  
4305 E TRENT SPOKANE, WA 99212
- The street address of its registered office in Idaho is: 300 N 6<sup>th</sup> St., BOISE, ID 83701  
and its registered agent in Idaho at that address is: CT CORPORATION SYSTEM
- The names and respective business addresses of its directors and officers are:

2003 NOV 13 AM 8:33  
SECRETARY OF STATE  
STATE OF IDAHO

Name	Office	Address
<u>DAVID L NIBARGER</u>	<u>PRES, SEC'TY, TREAS</u>	<u>16621 N CINCINNATI, SPOKANE, WA 99</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 10/03/2003

Signature:

Typed Name: DAVID L. NIBARGER

Capacity: PRES

Customer Acct # : \_\_\_\_\_  
(if using pre-paid account)

Secretary of State use only

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Revised:07/2002

IDAHO SECRETARY OF STATE  
**11/13/2003 05:00**  
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C151695

UNITED STATES OF AMERICA

2003 NOV -5 AM 8:47  
SECRETARY OF STATE

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**

**MEDICAL RECEIVABLE SERVICES, 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 Washington and was issued a Certificate of Incorporation in Washington on October 12, 1999.

I **FURTHER CERTIFY** that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: October 28, 2003



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

Sam Reed, Secretary of State