State of Idaho

Department of State

CERTIFICATE OF AUTHORITY
OF
WYNN'S EXTENDED CARE, INC.

File Number C 124917

I PETE T. CENARRUSA, 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: July 21, 1998

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from Salara By

APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

e Secretary of State of Idaho: he undersigned Corporation applies	for a Certificate of Authority a	nd states as follows: 33 10 30
The name of the corporation is		Inc.SEGGGT STATE STATES
The name which it shall use in Idaho	isWynn's Extended	Care, Inc.
t is incorporated under the laws of	California	
ts date of incorporation is Augus	t 17, 1972	
The address of its principal office is	1050 West Fifth Stree	et, Azusa, CA 91702
The address to which corresponder	nce should be addressed, if diff	ferent from item 5, is
500 North State College F	Blvd., Suite 700, Orang	e, CA 92000
The street address of its registered	office in Idaho is 200 North	23rd Street, Boise, Idaho 83702
, and its reg	gistered agent in Idaho at that a	address is Corporation Service Compa
The names and respective busines	ss addresses of its directors an	
Name	Office	Address #700 Orans
John W. Huber	President & Directo	r 500 N. State College #700, Orang 9286
Seymour A. Schlosser	V.P. & Director	Same
Wendy K. K. Nishikawa	Secretary	Same
James F. Barlow	Treasurer	Same
Gregg M. Gibbons	Director	Same
Dated: July 15, 1998 Wynn's Extended Care, In		Customer Acct #: (if using pre-TIMED SECRETARY OF STATE
(Corporation name)		CK: 2383 CT: 22931 BH: 129822
By Seymour A. Schlosser	e com	1 6 SOTOO = 50.00 EXDEDITE C
		pylorms/ACA pm6
itsVice President	ity of signer)	<u>E</u>



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the _____17th day of _____August _____19 72

WYNN'S EXTENDED CARE, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

July 3, 1998

Bill mes

Secretary of State