

**ARTICLES OF INCORPORATION
FOR
NEURODIAGNOSTIC SERVICES & ASSOCIATES, INC.**

FILED
99 AUG 30 AM 10:32
SECRETARY OF STATE
STATE OF IDAHO

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, being natural persons of legal age and acting as incorporators of a corporation, under the Idaho Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

**I.
NAME**

The name of the Corporation is Neurodiagnostic Services & Associates, Inc.

**II.
AUTHORIZED SHARES**

The aggregate number of shares which the corporation is authorized to issue shall be One-Thousand (1,000), all of which shall be common voting stock.

**III.
REGISTERED AGENT AND OFFICE**

The registered agent and registered office of the corporation are the following:

Agent: Trina Sharpe
Address: 233 Brookside Drive
Idaho Falls, ID 83404

**IV.
INCORPORATORS**

The names and addresses of the incorporators are:

Trina Sharpe
233 Brookside Drive
Idaho Falls, ID 83404

Pat Wilson
1019 Sagewood Place
Pocatello, ID 83201

08/30/1999 09:00
CR: 16272 CT: 15952 SH: 245852

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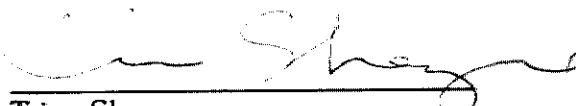
V.
BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors of the corporation is two (2), and the names and addresses of the persons who are to serve as directors until the first annual meeting of the shareholders, or until their successors are elected and shall qualify are:

Trina Sharpe
233 Brookside Drive
Idaho Falls, ID 83404

Pat Wilson
1019 Sagewood Place
Pocatello, ID 83201

In witness whereof, we have subscribed these Articles of Incorporation this __ day of August, 1999.


Trina Sharpe

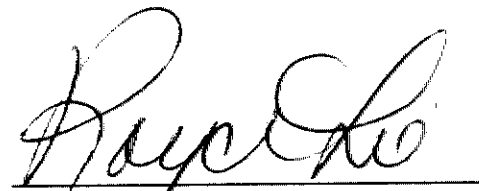

Pat Wilson

STATE OF IDAHO)
)
County of Bonneville)

On this __ day of August, 1999, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared **Trina Sharpe**, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL)


Notary Public for Idaho
My commission expires: 5/12/2000

STATE OF IDAHO

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County of Bonneville

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On this ____ day of August, 1999, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared **Pat Wilson**, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL)



Notary Public for Idaho
My commission expires: 5/12/2000