

State of Idaho

Department of State

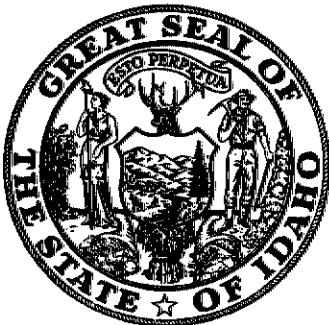
CERTIFICATE OF AUTHORITY OF

ASSOCIATION OF MEDICAL PROFESSIONALS
File number C 107485

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of ASSOCIATION OF MEDICAL PROFESSIONALS 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 ASSOCIATION OF MEDICAL PROFESSIONALS to transact business in this State under the name ASSOCIATION OF MEDICAL PROFESSIONALS and attach hereto a duplicate original of the Application for such Certificate.

Dated: August 29, 1994



Pete T. Cenarrusa
SECRETARY OF STATE

By *[Signature]*

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Nonprofit Corporation)

RECEIVED
SECRETARY OF STATE

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:

AUG 29 12 59 PM '94
SECRETARY OF STATE

1. The name of the corporation is ASSOCIATION OF MEDICAL PROFESSIONALS
2. The name which it shall use in Idaho is _____
(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 MISSOURI
4. The date of its incorporation is AUGUST 27, 1982 and the period of its duration, if other than perpetual, is _____
5. The address of its principal office in the state or country under the laws of which it is incorporated is 906 Olive Street, St. Louis, MO 63101
6. The address to which correspondence should be addressed, if different than item 5, is 2111 Precinct Line Road, Hurst, Texas 76054
7. The street address of its proposed registered office in Idaho is 300 North 6th Street
Boise, Idaho 83701, and the name of its proposed registered agent in Idaho at that address is C T CORPORATION SYSTEM

(Continued on reverse)

10 25.00= 25.00=

19940825 0900 23541 3
CK #: 15773 CUST# 15930
CORP

Submit applications and certificate of status to:
the Secretary of State
Division of Corporations
Statehouse, Room 203
Boise, Idaho 83720

Secretary of State use only	
IDAHO SECRETARY OF STATE	
19940825 0900	23541 3
CK #: 15773	CUST# 15930
CORP	
10	100.00= 100.00

ACANP 93
Non-Profit

File Two Copies along with a Certificate of Corporate Status or Existence

Fee: \$30

(IDAHO - NP 2540 - 7/13/93)

Form must be typed

Appendix to Idaho
Application for Certificate of Authority

Purpose Clause of
ASSOCIATION OF MEDICAL PROFESSIONALS INC.

TO PUBLISH A NEWSLETTER TO PROVIDE MEMBERS TIMELY INFORMATION REGARDING THE MEDICAL FIELD AND RELATED PROFESSIONS, TO PROMOTE THE INTERESTS OF MEMBERS OF THE MEDICAL PROFESSIONS, TO SPONSOR SEMINARS ON SUBJECTS OF INTERESTS AND TO ARRANGE FOR AND SPONSOR OPTIONAL SERVICES AND PRODUCTS OF INTEREST TO MEMBERS AND TO ENGAGE IN ANY OTHER ACTIVITY PERMITTED UNDER THE NOT-FOR-PROFIT CORPORATION LAWS.



State of Missouri
Judith K. Moriarty, Secretary of State

Corporation Division

To all to Whom these Presents shall Come:

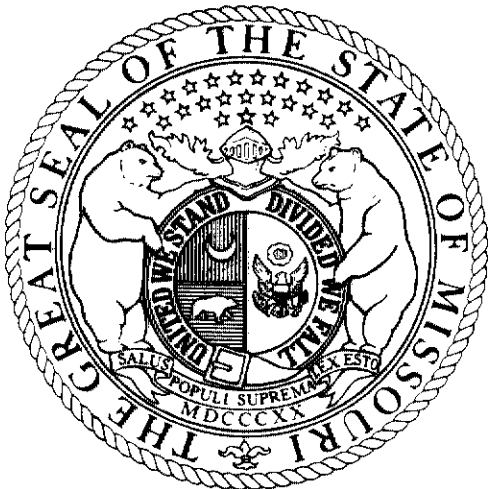
I, JUDITH K. MORIARTY, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody as Secretary of State show that

ASSOCIATION OF MEDICAL PROFESSIONALS

was incorporated under the laws of this State on the 27th day of August, 1982, and is in good standing having fully complied with all requirements of this office.

I further certify that the above corporation is incorporated under the General Not for Profit Corporation Law.

* * * * *



IN TESTIMONY WHEREOF, I hereunto set my hand and affix the seal of my office. Done at the City of Jefferson, this 24th day of August, 19 94.

Judith K. Moriarty
Secretary of State