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

THE STATE OF THE S

SECRETARY OF STATE

By Ma Diffe

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Nonprofit Corporation)

		AT C
To	the Secretary of State of Idaho	SEC. OF STATE
	Pursuant to Section 30-1-110 Idaho Code, the undersions	
	Authority to transact business in your State, and for that pe	are Corporation insteady appleaning a Centificate of
	•	mpogs patitudes the following statement.
		Au.
1.	The name of the corporation is	5. T. C.
	ASSOCIATION OF MEDICAL PROFESSIONA	(2) /2
	ASSOCIATION OF MEDICAL PROFESSION	ALS CAST
2	The second of th	ALS SERENT PS
2.	The name which it shall use in Idaho is	
	(To be used only when required to senid a conflict with a name	
	(To be used only when required to avoid a conflict with a name a Directors resolution adopting assumed name in Idaho.)	ilready on file. Must be accompanied by a Board of
3.	It is incorporated under the laws ofMISSOURT	
4.	The date of its incorporation isAUGUST_27_ 1982	and the nerind of its duration
	if other than perpetual, is	
€		
) .	The address of its principal office in the state or country un	der the laws of which it is incorporated is
	906 Olive Street, St. Louis, MO 63101	
i .	The address to which correspondence should be address.	
	The address to which correspondence should be addressed	
	2111 Precinct Line Road, Hurst, Texa	a 76051
<i>T</i> .	The street address of its proposed registered office in Idah	300 North 6th Street
	Boise, Idaho 83701	0 is
-	TOTAL TOTAL	, and the name of its proposed
ı	ر يايندها والماليدها	
	registered agent in Idaho at that address is $\underline{\hspace{0.1in}}$ C	PORATION SYSTEM
(Continued on reverse)	
	-	
-		
	∺ @	
	오 19	Secretary of State use only
	ல Seb நி applications and certificate of status to:	,,
	- n 2 8 5	IDAHO SECRETARY OF STATE
	் மிர்ஷ் de the Secretary of State	19940825 0900 23541 3
	☐ ③ Division of Corporations	CK #: 15773 CUST# 15930
	" Statehouse, Room 203	CORP
	Bolise gaho 83720	18 100.00= 100.00
	N SA	-
		1
	in a line	

ACANPES3 Non-Profit File Two Copies along with a Certificate of Corporate Status by Existence

O = NP 2540 = 7/13/03 Form must be typed

Fee: \$30

The names and respective address	ses of its directors and	officers are:	4
1	Office ./DIR. 110 N	Address . Mill Street, Fergus	Falls, MN 56538
HEIDI WILLIAMS SECRE	ETARY 2111	PRECINCT LINE RD,	HURST, TX 76054
ROBERT WAGGONER DIREC	CTOR . 501 W	ood Lane, Little Rock	, AR 72201
	· · · · · · · · · · · · · · · · · · ·		
The corporation accepts and shall ldaho.	comply with the provisi	ions of the Constitution and	the laws of the State of
This application is accompanied be proper officer of the state or count	y a Certificate of Corpo	orate Status or Existence, du	lly authenticated by the
nlilan	.) ander the lane of Mil	ich it is incorporated.	
Dated:/			MEDICAL
	- 500	PROFESSIONALS (Corporation name	
	Steven Ruffer	- lis President/Agor Bresident (dease specify)
STATE OFTEXAS	Heidi Williams	lts SecretaryiAssiolant Specretary	(please specify)
COUNTY OF TARRANT) ss:)		
1. Love Luke	5	, a notary public, d	nereby certify that on
thisday of	Tuly .	, 19 <u>94</u> , pers	onally appeared before
me Heidi Williams	, wt	no being by me first duly swo	orn, declared that (s)he
is the <u>Secretary</u>	of _ASSOCIA	TION OF . MEDICAL	PROFESSIONALS_INC
that (s)he signed the foregoing docume the statements therein contained are to		Secretary of the	ne corporation and that
LORI AUKES COMMISSION EXPIRES	XVV.	Mulus	
JUNE 21, 1995	O COM	Notary Public	

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 Mhom these Presents shall Come:

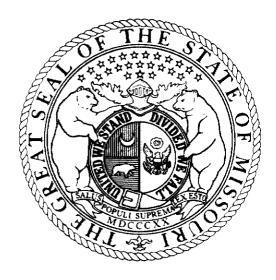
I, JUDITH K. MORIARTY, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody as Secretary of State show that

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 WHE	EREOF, I hereunto se	t my
hand and affix the seal	of my office. Done a	t the
City of Jefferson, this _	24th	$_{-}day$
of August	, 1994	,

Gudith K. Dyriarty