

# State of Idaho

Office of the Secretary of State

## CERTIFICATE OF AUTHORITY

OF

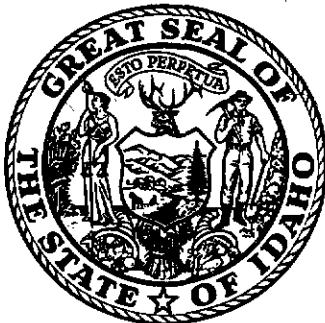
JASON LIU, M.D., INC.

File Number C 191664

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: July 11, 2011



*Ben Yursa*

SECRETARY OF STATE

By

*[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

11 JUL 11 AM 9:56

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the corporation is:

Jason Liu, M.D., Inc.

2. The name which it shall use in Idaho is: \_\_\_\_\_

3. It is incorporated under the laws of: California

4. Its date of incorporation is: 11/14/1986

5. The address of its principal office is:

2820 N Ontario St., Burbank, CA 91504

6. The address to which correspondence should be addressed, if different from item 5, is:

same

7. The street address of its registered office in Idaho is: 1620 NW Blvd, Ste 301, Coeur d Alene ID

83814

Virginia Kirk

and its registered agent in Idaho at that address is: \_\_\_\_\_

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Jason Liu, M.D.</u>	<u>Pres., Sec, Treas,</u>	<u>2820 N. Ontario, Burbank,</u> <u>California, 91504</u>
<u>Sue Otis</u>	<u>COO</u>	<u>2820 N Ontario, Burbank, CA</u> <u>91504</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 7/7/11

Signature: *Sue Otis*

Typed Name: Sue Otis

Capacity: COO

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

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forms\app\for\cert\authority\_profit.pm6  
Revised 10/2006

IDAHO SECRETARY OF STATE  
07/11/2011 05:00  
CK: 2539 CT: 260583 BN: 1281813  
1 @ 100.00 = 100.00 AUTH PRO # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

C191664

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

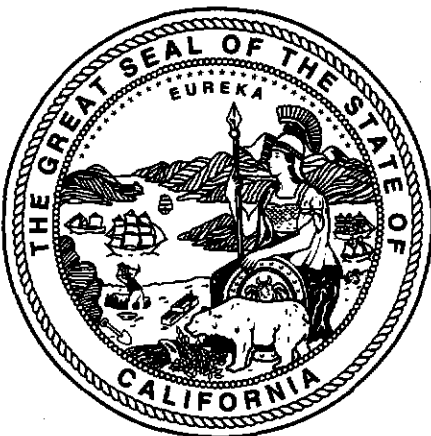
**JASON LIU, M.D., INC.**

**FILE NUMBER:** C1391643  
**FORMATION DATE:** 11/14/1986  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of June 30, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**