

State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

**SUN VALLEY SPINE INSTITUTE, INC., P.S.
dba SUN VALLEY SPINE INSTITUTE, INC., P.C.**

File Number C 136047

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: October 20, 2000



Pete T. Cenarrusa
SECRETARY OF STATE

By *Monica Okelberry*

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APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

To the Secretary of State of Idaho:

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

- The name of the corporation is Sun Valley Spine Institute, Inc., P.S.
- The name which it shall use in Idaho is Sun Valley Spine Institute, Inc., P.C.
- It is incorporated under the laws of Washington
- Its date of incorporation is August 29, 2000
- The address of its principal office is 3130 East Madison Street, #205, Seattle, Washington 98112
- The address to which correspondence should be addressed, if different from item 5, is _____
- The street address of its registered office in Idaho is 1401 Shoreline Drive, Suite 2, Boise, ID 83702
_____, and its registered agent in Idaho at that address is The United States Corporation Company
- The names and respective business addresses of its directors and officers are:

Name	Office	Address
David A. Hanscom, M.D.	Director / Pres.	3130 East Madison Street, #205 Seattle, Washington 98112
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 9/29/00
Sun Valley Spine Institute, Inc. P.S.
(Corporation name)
By David A. Hanscom, M.D.
 Its Director David A. Hanscom, M.D.
(specify capacity of signer) PRESIDENT

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

IDAH0 SECRETARY OF STATE

 10/20/2000 09:00
 CK: 12510 CT: 1042 BH: 355060

 1 @ 100.00 = 100.00 AUTH PRO # 3
 1 @ 20.00 = 20.00 TRAN RES # 4

TOTAL P.02

C136047

FILED/EFFECT

STATE of WASHINGTON



SECRETARY of STATE

NO OCT 18 AM 8:47
STATE OF IDAHO

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

SUN VALLEY SPINE INSTITUTE, INC., P.S.

I FURTHER CERTIFY that the records on file in this office show that the
above named professional corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on August 29, 2000.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.



Date: August 31, 2000

*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*

Ralph Munro, Secretary of State