

CERTIFICATE OF AUTHORITY **OF**

M(OBILITY CENTER, INC.
I, PETE T. CENARRUSA, Sec	cretary of State of the State of Idaho, hereby certify that
duplicate originals of an Application	of MOBILITY CENTER, INC.
for a	a Certificate of Authority to transact business in this State,
duly signed and verified pursuant to t	the provisions of the Idaho Business Corporation Act, have
been received in this office and are for	ound to conform to law.
ACCORDINGLY and by virtue of	of the authority vested in me by law, I issue this Certificate of
	MOBILITY CENTER, INC.
to transact business in this State under	the name MOBILITY CENTER, INC.
	and attach hereto a duplicate original of the Application
for such Certificate.	
D. I Donombou 04, 4004	
Dated December 24, 1984	
THE OS OF THE OS	Secretary of State
TE OF	Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To	the Secretary of State of I			KL CY
A			rsigned Corporation hereby appli	
Au	inority to transact dusines:	s in your State, and for that	purpose submits the following stat	tement: $\frac{1}{2} \frac{df_{\mathcal{E}}}{df_{\mathcal{E}}}$
1.	The name of the corporat	ion is <u>Mobility Cent</u>	er, Inc.	
2.	The name which it shall u	se in Idaho is <u>Mobility</u>	Center, Inc.	
	(To be used only when re	equired to avoid a conflict w	ith a name already on file. Must	be accompanied by a
		ition adopting assumed name		,
3	It is incorporated under the	ne laws of Delaware		
4.	The date of its incorporate	ion is <u>February 7, 198</u>	and the	period of its duration
	is perpetual			
	is perpetual	 		
5.	The address of its princip	al office in the state or count	ry under the laws of which it is in	corporated is
	Corporation Trust (Center, 1209 Orange S	St., Wilmington, Delaware	n 19801
6			ssed, if different from that in item	
υ.	The address to which con	respondence should be addre	ssed, if different from that in help	. J.
	7500 Bluewater N	W, Albuquerque, NM 8	37105	
7	The street address of its no	ronosed registered office in Li	ahois <u>300 North 6th St</u>	reat
/•				
	Boise, Idaho, 83	701	, and the	name of its proposed
	registered agent in Idaho	at that address isC_T	Corporation System	
Q			in the transaction of business in Ic	daho are:
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			for which corporations	
sa			elaware. To engage in the is for the sale of mobil:	
		addresses of its directors ar		
	Name	Office	Address	
A1	lan R. Thieme	President/Direct	cor 7324 Carson Tr NW, A	1bug. NM 87120
Be	th L. Thieme	Vice President/Dire	ector 7324 Carson Tr NW,	Albuq. NM 87120
Ji	mmie H. Murphy So	ec./ Treas./ Director	9504 Arvilla NE, Albud	g. Nm 87111
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			-	
	100			
				(continued on reverse)

Number of Shares	Class	Par Value Per Share or Statement That Shares Are without Par Value
1,000,000	Voting Common	\$.10
11. The aggregate numbe value is:	er of its issued shares, itemiz	ed by class, par value of shares, and shares without pa
Number of Shares	Class	Par Value Per Share or Statement That Shares Are without Par Value
10,000	Voting Common	\$.10
	companied by a certificate of tate or country under the law	Corporate Status or Existence, duly authenticated by the
Dated: <u> </u>	984	Mobility Center, Inc.
Dated: 1, /		Mobility Center, Inc. (Corporation Name)
Dated: <u> </u>	984 By	Mobility Center, Inc.
Dated:		Mobility Center, Inc. (Corporation Name) Name Its President/Vice President (please specify)
STATE OF New Mexi	By	Mobility Center, Inc. (Corporation Name) Its President/Vice President (please specify)
STATE OF New Mexi	By	Mobility Center, Inc. (Corporation Name) Its President/Vice President (please specify) Its Secretary/Assistant Secretary (please specify)
STATE OF New Mexicounty OF Bernali I, Dorothy his // #4	By	Mobility Center, Inc. (Corporation Name) Its President/Vice President (please specify) Its Secretary/ Assistant Secretary (please specify) , a notary public, do hereby certify that o
STATE OF New Mexiconnew Mexiconne Mexiconne Mexiconne Mexiconne Me	By	Mobility Center, Inc. (Corporation Name) Its President/Vice President (please specify) Its Secretary/ Assistant Secretary (please specify) , a notary public, do hereby certify that of the secretary of the secretary (please specify) , a notary public, do hereby certify that of the secretary of the secretary (please specify) , a notary public, do hereby certify that of the secretary of the secretary (please specify) , a notary public, do hereby certify that of the secretary (please specify)
STATE OF New Mexicounty OF Bernali I, Dorothy his // +4 ne Allan R. T	By	Mobility Center, Inc. (Corporation Name) Its President/Vice President (please specify) Its Secretary/ Assistant Secretary (please specify) , a notary public, do hereby certify that o



Office of Secretary of State

I, GLENN C. KENTON, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY MOBILITY CENTER, INC. IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE DATE SHOWN BELOW.

Glenn C. Kenton, Secretary of State

AUTHENTICATION:

10351956

DATE:

10/24/1984