

State of Idaho

Department of State

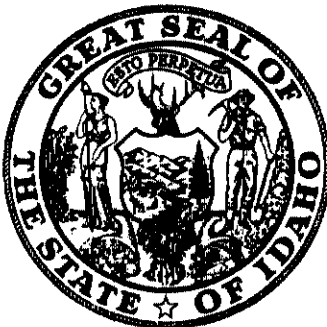
CERTIFICATE OF INCORPORATION OF

PHILIP MCCOWIN ORTHOPEDICS, P.A.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of Articles of Incorporation for the incorporation of the above named corporation, duly signed 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 Incorporation and attach hereto a duplicate original of the Articles of Incorporation.

Dated: February 10, 1993



Pete T. Cenarrusa
SECRETARY OF STATE

By

[Signature]

ARTICLES OF INCORPORATION
FOR

00'09 -00'09 01 01/11/2009 PHILIP MCCOWIN ORTHOPEDICS, P.A.
1 01/11/2009 01/11/2009
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The undersigned, acting as incorporator of a corporation under the Idaho Business Corporation Act and the Professional Service Corporation Act and other laws of the State of Idaho does hereby certify as follows:

ARTICLE I.

Name

The name of the corporation is PHILIP MCCOWIN ORTHOPEDICS, P.A.

ARTICLE II.

Duration

The period of duration of this corporation is perpetual.

ARTICLE III.

Purposes

The purposes for which this corporation is organized is to specifically include the profession of the operation of a medical practice, provided that such professional services shall be rendered only through the officers, employees and agents who are duly licensed under the laws of the State of Idaho to practice medicine. This corporation may also own and operate all types of equipment and materials used in or incidental to such profession and to otherwise have, exercise and enjoy all of the powers now or hereafter granted to professional corporations under the laws of the State of Idaho and to conduct all business necessary or proper to carry into effect any of said objects or purposes.

ARTICLE IV.

Capital Stock

The total authorized capital stock of the corporation shall be 1,000 shares, all of

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which shall be common stock without nominal or par value.

ARTICLE V.

Initial Registered Office and Agent

The initial registered office of the corporation is: 2001 S. Woodruff, Suite 5, Idaho Falls, Idaho 83404. The name of the initial registered agent at that office is Philip R. McCowin.

ARTICLE VI.

Board of Directors

The following named persons shall constitute the members of the original Board of Directors of the Corporation, and shall serve as such directors until the first annual meeting of the shareholders or until their successors are elected and shall qualify:

<u>Name</u>	<u>Address</u>
Philip R. McCowin	2001 S. Woodruff, Suite 5 Idaho Falls, Idaho 83404

ARTICLE VII.

Incorporators

The name and address of the incorporator is:

<u>Name</u>	<u>Address</u>
Scott P. Eskelson	482 "E" Street Idaho Falls, ID 83402

ARTICLE VIII.

Number of Directors

The Board of Directors shall initially consist of one director who shall be required to be a licensed physician under the laws of Idaho, but during the term of office of said director, or thereafter, the number of directors may be increased or decreased from time

to time in the manner provided by the Bylaws or Idaho law.

ARTICLE IX.

Bylaw Amendments

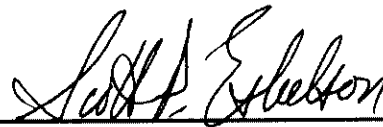
The board of directors by a majority vote shall have the authority to repeal and amend the Bylaws and to adopt new Bylaws.

ARTICLE X.

State Law Governing

This corporation is organized and the charter issued pursuant to the Professional Corporation Act, chapter 13, title 30 of the Idaho Code, and is subject to all requirements of law relevant thereto in the state, the contents of these articles notwithstanding.

IN WITNESS WHEREOF said incorporator has set his hand this 8 day of February, 1993.



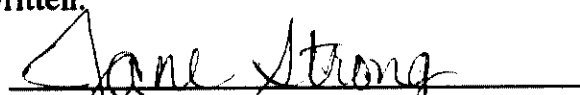
Scott P. Eskelson

STATE OF IDAHO)
 : ss.
County of Bonneville)

On this 8th day of February, 1993, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared Scott P. Eskelson, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same and the statements therein are true and correct.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL)



Notary Public for the State of Idaho
Residing at: Shelley, Idaho
My commission expires 6/27/94