

State of Idaho

Office of the Secretary of State

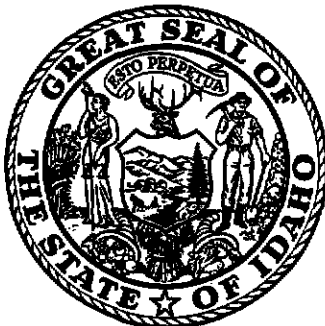
**CERTIFICATE OF AUTHORITY
OF
ANGELMAN SYNDROME FOUNDATION, INC.**

File Number C 182005

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 Non-Profit 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: February 17, 2009



Ben Yursa

SECRETARY OF STATE

By

Mary DeBruin



APPLICATION FOR CERTIFICATE OF AUTHORITY (Nonprofit)

(Instructions on back of application)

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

09 FEB 17 PM 12:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the corporation is: ANGELMAN SYNDROME FOUNDATION, INC.
2. The name which it shall use in Idaho is: ANGELMAN SYNDROME FOUNDATION, INC.
3. It is incorporated under the laws of: Florida
4. Its date of incorporation is: 01/06/1992 and its duration, if other than perpetual, is: _____
5. The street address of its principal office is:
4255 Westbrook Drive, Ste. 219, Aurora, IL 60504
6. The address to which correspondence should be addressed, if different than item 5, is:

7. The street address of its registered office in Idaho is:
921 S. Orchard St., Ste. G, Boise, ID 83705
and its registered agent in Idaho at that address is: Incorp Services, Inc.
8. Does the corporation have members? ☒ Yes ☐ No
9. The names and respective addresses of its directors and officers are:

Name	Title	Address
see attached		

Dated: 1/26/09

Signature: [Signature]

Typed Name: Fred W. Pritzker

Capacity: President

Secretary of State use only

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Revised 04/2004

IDAHO SECRETARY OF STATE
02/17/2009 05:00
CX: 11530 CT: 227000 BH: 1157340
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C182005

Angelman Syndrome Foundation Board List

President

Fred Pritzker
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St. Paul MN 55105
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Home: 612-297-0616
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(expires July 2009)

Vice President

Mitchell Caspert
11 Oxford Road
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mitchell@caspert.com
(expires July 2009)

Vice President

David Lazerwitz
103 Winfield Street
San Francisco, CA 94110
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(expires July 2009)

Vice President

Kim Marchman
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Bel Air MD 21015
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(expires July 2011)

Treasurer

Devar Burbage
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Secretary

Susan Ravellette
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Director

Timothy McCarty
219 E. Eighth Street
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Director

Frank McCullough
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Director

Nancy Parkhurst
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(expires July 2009)

Director

Cindy Spicka
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Director

Robert Schiller
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Director

Charles Williams, MD
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Fax: 352-392-3051
willicx@peds.ufl.edu
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Executive Director

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ebraun@angelman.org

Executive Assistant

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Membership/Program Coordinator

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Fundraising/Special Events Coordinator

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Resource Specialist

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State of Florida

Department of State

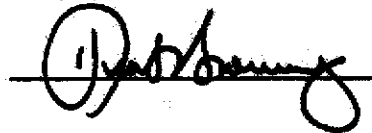
I certify from the records of this office that ANGELMAN SYNDROME FOUNDATION, INC. is a corporation organized under the laws of the State of Florida, filed on January 6, 1992.

The document number of this corporation is N46695.

I further certify that said corporation has paid all fees due this office through December 31, 2008, that its most recent annual report was filed on February 27, 2008, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twelfth day of February, 2009*



Secretary of State



Authentication ID: 900143524559-021209-N46695

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>