

State of Idaho

Office of the Secretary of State

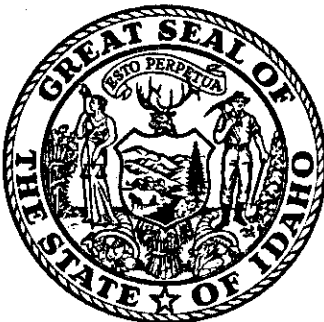
**CERTIFICATE OF AUTHORITY
OF
HEALTH CAREER AGENTS, INC.**

File Number C 175164

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: September 24, 2007



Ben Yursa

SECRETARY OF STATE

By

[Signature]



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

07 SEP 24 AM 8:24
SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the corporation is:
Health Career Agents, Inc.
2. The name which it shall use in Idaho is: Health Career Agents, Inc.
3. It is incorporated under the laws of: Missouri
4. Its date of incorporation is: 04/14/04
5. The address of its principal office is:
12977 N. Forty Dr. Ste 100, St. Louis, MO 63141
6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 1423 Tyrell Lane, Boise, ID 83706
and its registered agent in Idaho at that address is: National Registered Agents, Inc.
8. The names and respective business addresses of its directors and officers are:

Name	Office Held	Business Address
<u>Brian Marchant-Calsyn</u>	<u>Director</u>	<u>12977 N. Forty Dr. St. Louis, MO 63141</u>
<u>Brian Marchant-Calsyn</u>	<u>President</u>	<u>12977 N. Forty Dr. St. Louis, MO 63141</u>
<u>Brian Marchant-Calsyn</u>	<u>Treasurer</u>	<u>12977 N. Forty Dr. St. Louis, MO 63141</u>
<u>Brian Marchant-Calsyn</u>	<u>Secretary</u>	<u>12977 N. Forty Dr. St. Louis, MO 63141</u>
_____	_____	_____
_____	_____	_____

Dated: 9-19-07

Signature: *B Marchant*

Typed Name: Brian Marchant-Calsyn

Capacity: President

[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\appforauthority_profit.pmd
Revised 06/2005

0175164
IDAHO SECRETARY OF STATE
09/24/2007 05:00
CK: 4231 CT: 217887 BH: 1077214
1 @ 100.00 = 100.00 AUTH PRO # 2

Web Form

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

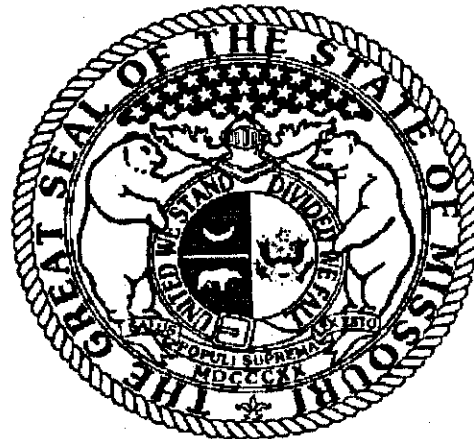
**HEALTH CAREER AGENTS, INC.
00581208**

was created under the laws of this State on the 14th day of April, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 14th day of September, 2007

Robin Carnahan

Secretary of State



Certification Number: 10074711-1 Reference:
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>