

CERTIFICATE OF AUTHORITY OF

NURSING HOME MINISTRIES

1, PETE T. CENARRUSA, Secretar	ry of State of the State of Idaho, hereby certify that
duplicate originals of an Application of	NURSING HOME MINISTRIES
	rtificate of Authority to transact business in this State,
duly signed and verified pursuant to the p	rovisions of the Idaho Business Corporation Act, have
been received in this office and are found	to conform to law.
	e authority vested in me by law, I issue this Certificate of
Authority to NURSING HOME MIN	ISTRIES
	name NURSING HOME MINISTRIES
	and attach hereto a duplicate original of the Application
for such Certificate.	
Dated April 13, 1989	
E PERIODO DE LA COMPANSIÓN DE LA COMPANS	SECRETARY OF STATE
	Corneration Clerk

550 DACENDAN KANSAN KA

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Nonprofit Corporation)

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The name of the corporation is				™	C)
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The name which it shall use in	Idaho is			_=	<u> </u>
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(To be used only when require Board of Directors resolution	red to avoid a conflict with adopting assumed name i	h a name aiready : n idaho.)	on file. Must be ac	compa	nied by a
It is incorporated under the la	ws of State of	Oregon			-
The date of its incorporation i					
The date of its incorporation i	b				
is perpe	tual .				
The address of its principal o	ffice in the state or country	y under the laws o	f which it is incorp	orated	is
S.E. Milwaukie Ave.,	Portland, OR. 97202	/ P.O. Box 82	519, Portland	, OR.	97282
The address to which corresp	nondence should be addres	sed if different fro	om that in item 5.		
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				ox 37	2),
The street address of its prop Arco. Idaho 8321	osed registered office in Ida	aho is 315 Hig	hland (P.O. E	ne of iti	s proposed
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 The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.
11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.
Dated: March 28, 1989
Nursing Home Ministries
(Coepecation Name)
By Jonald A. Wokaen ther
lis President/Vice President (please specify)
and Jack Mario Sec.
Its Secretary/Assistant Secretary (please specify)
STATE OF Oregon
) se:
COUNTY OF Multnomah
I, Carolee Hopkins , a notary public, do hereby certify that on
this 28th day of March , 19 89 , personally appeared before
me Donald A. DeBoer, who being by me first duly sworn, declared that he
is the President of Nursing Home Ministries
that he signed the foregoing document as President of the corporation and that the statements therein contained are true. Compare the corporation and that the statements therein contained are true. Compare the corporation and that the statements therein contained are true.
My Commission Expers 5/28/89

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Office of the Secretary of State Corporation Division

I, Jack &. Graham, Director of the Corporation Division,
DO HEREBY CERTIFY:

NURSING HOME MINISTRIES was incorporated under the Oregon Nonprofit Corporation Act on October 16, 1975 and is an existing corporation on the records of the Corporation Division as of the date of this certificate.

Jack &. Graham

Director