Designation of Agent and Acceptance of the Provisions of the Constitution of the State of Idaho

KNOW ALL MEN BY THESE PRESENTS:

That___LITTON MEDICAL PRODUCTS, INC._____

a Corporation organized and existing under the laws of the state of___Delaware_____
having filed in the office of the Secretary of State of the State of Idaho a duly authenticated copy
of its Articles of Incorporation, does hereby, in pursuance of the laws of the State of Idaho, make

this certificate, and does hereby designate____ADA_____County, in the State of Idaho,

as the County in which the principal place of business of said Corporation in said State of Idaho

shall be located, and does hereby designate_____T. H. EBERLE OR DALE O. MORGAN_____

residing at__711½ BANNOCK STREET,in said___ADA_____County, as authorized Agent
BOISE
of said Corporation in said State of Idaho, upon whom process issued by authority of, or under any
law of the State of Idaho, may be served, as provided by the Constitution and laws of said State
of Idaho.

And the said___LITTON MEDICAL PRODUCTS, INC._____

desiring and intending to conform in all respects to the Constitution and laws of said State, and to
avail itself of the rights, privileges and immunities guaranteed by said Constitution and laws, does
hereby accept the provisions of the Constitution of the State of Idaho for all the intents and purposes
contemplated by the provisions thereof, relating to such acceptance by other than municipal
corporations.

IN WITNESS WHEREOF, The said___LITTON MEDICAL PRODUCTS, INC._____

_____has caused this Certificate and Acceptance
to be executed, acknowledged and delivered in its name and on its be-
half, by its President, and to be attested by its Secretary, and has caused

its corporate seal to be hereunto affixed at___Oak Brook_____

in the County of____Du Page____, State of___Illinois____

this___14th___day of____April_____, 19_70_.

Attest: LITTON MEDICAL PRODUCTS, INC.____
                                                    (Name of Corporation)
_____L. Bezark_____Secretary.   By___C. W. Vatz_____President.

STATE OF____Illinois_____⎞
                                ⎬ ss.
County of____DuPage_____⎠

On this___14th___day of_____April_____in the year 19_70_, before

me____Bonita Bruce_____, a___Notary Public_____in and for said

County, in the State aforesaid, personally appeared____C. W. Vatz_____

known to me to be the President of the Corporation that executed the within and foregoing instru-
ment, and acknowledged to me that such Corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed

my___Notary_____seal this____14th____

day of_____April_____,A. D. 19_70_.

_____Bonita R. Bruce_____

_____Notary Public_____
                                                    Official Title.

My commission expires on the__26th__day of____June_____, 19_73_.

NOTE—One copy to be filed for record with the Secretary of State, Boise, Idaho; one copy duly certified by the
Secretary of State to be filed with the County Recorder in the county where the principal place of business is located.

(IDAHO - 840 - 10/6/69)