

# State of Idaho

## Department of State

### CERTIFICATE OF AUTHORITY OF

PERSONAL TOUCH, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of PERSONAL CARE, INC. for a Certificate of Authority to transact business in this State, duly signed and verified 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 Authority to PERSONAL CARE, INC. to transact business in this State under the name PERSONAL TOUCH, INC. and attach hereto a duplicate original of the Application for such Certificate.

Dated: February 4, 1992



*Pete T. Cenarrusa*

SECRETARY OF STATE

By *Doris Sammons*

# APPLICATION FOR CERTIFICATE OF AUTHORITY

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SEC. OF STATE (Profit Corporation)

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To the Secretary of State of Idaho

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Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:

1. The name of the corporation is PERSONAL CARE, INC.

2. The name which it shall use in Idaho is PERSONAL TOUCH, INC.

(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)

3. It is incorporated under the laws of DELAWARE

4. The date of its incorporation is JANUARY, 1, 1992 and the period of its duration is INDEFINITE

5. The address of its principal office in the state or country under the laws of which it is incorporated is 1812 NEWPORT GAP PIKE, WILMINGTON, DELAWARE 19808

6. The address to which correspondence should be addressed, if different from that in Item 5.

RT 1 3700E 3755N, KIMBERLY, IDAHO 83341

7. The street address of its proposed registered office in Idaho is RT 1 3700E 3755N  
KIMBERLY, IDAHO 83341

, and the name of its proposed registered agent in Idaho at that address is RONALD OR ADRIANNE FISSE

8. The purpose or purposes which it is proposed to pursue in the transaction of business in Idaho are:

PROVIDE NURSING SERVICE AND HEALTH CARE CONSULTING  
AND PRODUCTS.

(Continued on reverse)

Submit application and certificate of status to:

Office of the Secretary of State  
Division of Corporations  
Statehouse, Room 203  
Boise, Idaho 83720

Secretary of State use only

9. The names and respective addresses of its directors and officers are:

| Name           | Office         | Address            |
|----------------|----------------|--------------------|
| RONALD FISSE   | PRESIDENT      |                    |
| JUSTIN FISSE   | VICE PRESIDENT |                    |
| ADRIANNE FISSE | SEC/TREASURER  |                    |
|                |                |                    |
|                |                | RT 1 3700 E 3755 N |
|                |                | KIMBERLY, ID 83341 |
|                |                |                    |
|                |                |                    |
|                |                |                    |
|                |                |                    |

10. 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: 12/5/91

By Personal Care, Inc.  
(Corporation name)  
Ronald C. Fisse, President  
its President/Vice President (please specify)  
and Adrianne M. Fisse  
its Secretary/Assistant Secretary (please specify)

STATE OF Idaho )  
COUNTY OF TWIN FALLS ) ss:

I, Deborah Q. Andrews, a notary public, do hereby certify that on this 5 day of December, 19 91, personally appeared before me RONALD FISSE & ADRIANNE FISSE, who being by me first duly sworn, declared that (s)he is the OWNER of PERSONAL CARE, INC.

that (s)he signed the foregoing documents as OFFICERS of the corporation and that the statements therein contained are true.

  
Notary Public

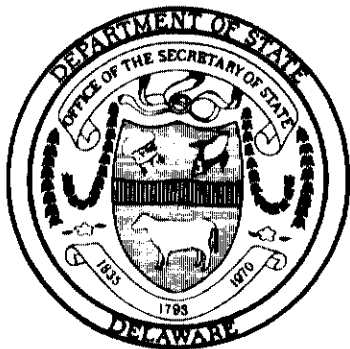


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## Office of Secretary of State

I, JEFFREY D. LEWIS, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY PERSONAL CARE, INC. IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE DATE SHOWN BELOW.

\* \* \* \* \*



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*Jeffrey D Lewis*

ACTING SECRETARY OF STATE

AUTHENTICATION: \*3311035

DATE: 01/15/1992

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RESOLUTION ADOPTED  
BY THE  
BOARD OF DIRECTORS  
OF  
PERSONAL CARE, INC.

The undersigned, being the Board of Directors,  
hereby adopts the following resolution:

**RESOLVED**, that the State of Idaho consider the  
Delaware Corporation of Personal Care, Inc. to  
operate in Idaho under the assumed name of,  
**Personal Touch, Inc.**

Dated: February 3, 1992

Ronald A. Jim

Director

Adrianne N. Gisse

Director