

State of Idaho

Department of State

CERTIFICATE OF AUTHORITY

OF

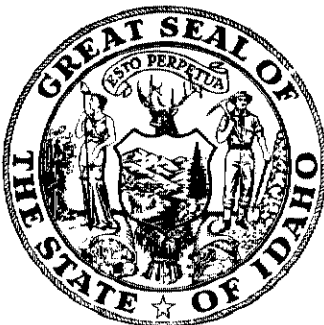
EDGE MOBILE MEDICAL, INC.

File Number C 128525

I PETE T. CENARRUSA, 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: April 16, 1999



Pete T. Cenarrusa
SECRETARY OF STATE

By

[Signature]



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

To the Secretary of State of Idaho:

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

1. The name of the corporation is Edge Mobile Medical, Inc.
2. The name which it shall use in Idaho is _____
3. It is incorporated under the laws of Washington State
4. Its date of incorporation is 2-21-97
5. The address of its principal office is 5210 12th Street E. Ste A
Tacoma, WA 98424
6. The address to which correspondence should be addressed, if different from item 5, is _____
2110 Ironwood Parkway, Coeur d'Alene, ID 83814
7. The street address of its registered office in Idaho is 2110 Ironwood Parkway, Coeur d'Alene
83814, and its registered agent in Idaho at that address is Lyle Durham
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>Lyle Durham</u>	<u>Vice President</u>	<u>5210 12th St. SteA, Tacoma</u>
<u>Stephen Perry</u>	<u>President/CEO</u>	<u>5210 12th St. SteA, Tacoma</u>
<u>Eamonn Anderson</u>	<u>Secretary/Treas</u>	<u>5210 12th St. SteA, Tacoma</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: January 13, 1999

Edge Mobile Medical, Inc.

(Corporation name)

By _____

Its _____

Corporate Officer

(specify capacity of signer)

Lyle Durham
Vice-President

Customer Acct # :

(If using) **IDAHO SECRETARY OF STATE**

04/16/1999 09:08
CK: 1469 CT: 114163 BN: 287776

1 @ 100.00 = 100.00 AUTH PRO # 2

g:\corpformet\CA.jmf Revised 7/97

STATE of WASHINGTON



SECRETARY of STATE

99 APR 16 AM 8:49
STATE OF IDAHO

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

EDGE MOBILE MEDICAL, INC.

I FURTHER CERTIFY that the records on file in this office show that the

above named profit corporation was formed under the laws of the

State of Washington and was issued a Certificate of Incorporation

in Washington on February 21, 1997.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution

have been filed, and that the corporation is duly authorized to

transact business in the corporate form in the State of Washington.



Date: April 9, 1999

*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*

SMo

Ralph Munro, Secretary of State