



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC 29 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

High Valley Dermatology & Dermatologic Surgery LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

High Valley Dermatology & Dermatologic Surgery LLC

3. The jurisdiction under whose laws the limited liability company is formed is: Alaska

4. The name and complete street address of the registered agent in Idaho is:

Lindsay Sewell 3330 Sparrow Hawk Drive, Idaho Falls, ID 83401

5. The street and mailing address of the limited liability company's principal office is:

2085 Providence Way, Idaho Falls, ID 83404

Street Address

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

1400 W Benson Blvd #370, Anchorage, AK 99503

Street Address

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

J Willis, PC 2085 Providence Way, Idaho Falls, ID 83404

8. The mailing address for future correspondence:

2085 Providence Way, Idaho Falls, ID 83404

9. Signature of an authorized person:

Authorized Signature

Lindsay Sewell, Manager

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/29/2009 05:00
CK: 8870 CT: 243383 BH: 1200956
1 @ 100.00 = 100.00 REGFORLLC # 4
1 @ 20.00 = 20.00 EXPEDITE C # 5

W89311

Alaska Entity # 125440

State of Alaska
Department of Commerce, Community, and Economic
Development

CERTIFICATE
OF
GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

HIGH VALLEY DERMATOLOGY & DERMATOLOGIC SURGERY LLC

on the 18th day of December, 2009 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 18th day of December, 2009.

A handwritten signature in cursive script that reads "Emil Notti".

Emil Notti
Commissioner

Certification Number: 366101-1

Verify this certificate online at <https://myalaska.state.ak.us/business/soskb/verify.asp>