

State of Idaho

Department of State.

CERTIFICATE OF AUTHORITY OF SPOKANE HOME HEALTH CARE INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of SPOKANE HOME HEALTH CARE INC.

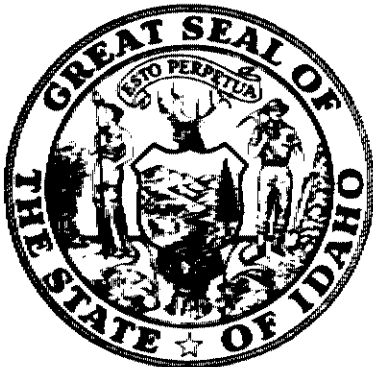
_____ for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to SPOKANE HOME HEALTH CARE INC.

to transact business in this State under the name SPOKANE HOME HEALTH CARE INC.

_____ and attach hereto a duplicate original of the Application for such Certificate.

Dated **November 9, 1987**



Pete T. Cenarrusa

SECRETARY OF STATE

Sandra M. Harker

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

RECEIVED
SEC. OF STATE

To the Secretary of State of Idaho

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 information:

1. The name of the corporation is SPOKANE HOME HEALTH CARE, INC.

2. The name which it shall use in Idaho is SPOKANE HOME HEALTH CARE, 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 Washington

4. The date of its incorporation is March 4, 1975 and the period of its duration is perpetual

5. The address of its principal office in the state or country under the laws of which it is incorporated is W. 1309 First, Spokane, WA 99204

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

7. The street address of its proposed registered office in Idaho is 408 Haycraft Ave.,
Coeur d'Alene, Idaho 83814, and the name of its proposed registered agent in Idaho at that address is Brett Setzer

8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are: Sales and rental of medical equipment and goods

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

Name	Office	Address
<u>Wayne Setzer</u>	<u>Director & President</u>	<u>W. 1309 First, Spokane, WA 99204</u>
<u>Twyla Setzer</u>	<u>Director & Sec-Treasurer</u>	<u>W. 1309 First, Spokane, Wa, 99204</u>

(continued on reverse)

Name

Office

Address

- 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: 10/29/87

SPOKANE HOME HEALTH CARE, INC.

(Corporation Name)

By *Wayne Setzer*
Its President/Vice President (please specify)

and *John F. Berry*
Its Secretary/Assistant Secretary (please specify)

STATE OF WASHINGTON)

COUNTY OF Spokane) ss:

I, *John F. Berry*, a notary public, do hereby certify that on
 this 29 day of October, 19 87, personally appeared before
 me WAYNE SETZER, who being by me first duly sworn, declared that (s)he
 is the President of Spokane Home Health Care, Inc.

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

John F. Berry
Notary Public

