State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

NEXUS SURGICAL INNOVATIONS, INC

File Number C 218208

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: June 11, 2018



SECRETARY OF STATE

В

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in <u>duplicate</u>.

2018 JUN 11 AM 10: 14

1.	1. The name of the entity is: NeXus Surgical Innovations, Inc				
2.	The name which it shall use in Idaho is:				
	Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)				
۷. ۱	Business Corporation General Partnership				
	☐ Nonprofit Corporation		l Cooperative	Association	
	☐ Limited Liability Partnership			Including a limited liability limited partnership	
	☐ Limited Liability Company	☐ Statuto	ry Trust, Busin	ness Trust, or Common-law Business Trust	
Other:					
	(Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.) Spokane, Washington Jurisdiction of formation:				
4.	(Provide the domestic jurisdiction where the entity was formed)				
5.	The address of its principal office is: 809 W Main Ave #303 Spokane, WA 99201.				
	(Street Address)				
	(Mailing Address, if different)		·		
6.	 The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: Same. 				
(Street Address)					
	(Mailing Address, if different)				
7					
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:				
	(Address)				
8.	Name and street address of registered agent <u>in Idaho</u> : Derek Mulgrew 587 River Run Dr Laclede ID 83841.				
	(Name)	(Addre			
9.	The name, capacity, and mailing addre	ess of at leas	st one governo	or.	
		esident		ain ave #303 spokane WA 99201	
	(Name) (Cap	acity)	(Address)	· · · · · · · · · · · · · · · · · · ·	
	(Name) (Cap	acity)	(Address)		
				idaho secretary of state	
Typed Name: Derek Mulgrew					
1yped Name: 10 100.00 = 100.00 FOR REG ST #2					
Signature:					
_	President		,	66/11/2018 05:00 CK:1019 CT:359006 BH:1648258 10 100.00 = 100.00 FOR REG ST #2 C 218208	

Capacity:



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

NEXUS SURGICAL INNOVATIONS, INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/06/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/07/2018 UBI Number: 604 221 976

STATE OF WASHING

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

Kim Wyman, Secretary of State

Date Issued: 06/07/2018