State of Idaho

Department of State

CERTIFICATE OF AUTHORITY
OF

PROGRESSIVE CARE, INC.

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

Dated: July 17, 1992



Fite OF CENTRULES
SECRETARY OF STATE

By Valerie Flint

APPLICATION FOR CERTIFICATE OF AUTHORITY 11 02 M

(Profit Corporation)

SEGRETARY OF STATE

To the Secretary of State of Idaho

Pursuant to Section 30-1-116), Idaho Code, the under	rsigned Corporation he	reby applies for a (Certificate of
Authority to transact business in				

. The name of the corporatio	on is PRUGRESSIVE CA	RRE, INC.
. The name which it shall use	in Idaho is PROGRESSIVE CA	
	uired to avoid a conflict with a on adopting assumed name in I	n name already on file. Must be accompanied by a
. It is incorporated under the	laws of Nevada	
. The date of its incorporation	n is <u>May 21, 1992</u>	and the period of its duration
is perpetual		
. The address of its principal	office in the state or country us	nder the laws of which it is incorporated is
502 East John Stree	t, Carson City, Nevada 8970	06
		, if different from that in item 5.
ANG Wast laffarean	Suite 200. Boise ID 83702	
The street address of its proj	posed registered office in Idaho	is 409 West Jefferson, Suite 200
Boise, ID 83702		, and the name of its proposed
registered agent in Idaho at	that address isKaren M. Y	foung
_		e transaction of business in Idaho are:
Any tawner accretoy.		
The names and respective a	addresses of its directors and of	Singer are:
The hancs and respective a	addresses of its directors and of	nicers are.
Name	Office	Address
Karen M. Young		
	<u>President</u>	409 West Jefferson, Suite 200 Boise, ID 83702
Maresa M. Noteboom	President Secretary	Boise, ID 83702 409 West Jefferson, Suite 200
Maresa M. Noteboom	Secretary	Boise, ID 83702 409 West Jefferson, Suite 200 Boise, ID 83702
Maresa M. Noteboom Karen M. Young	Secretary Treasurer	Boise, ID 83702 409 West Jefferson, Suite 200 Boise, ID 83702 409 West Jefferson, Suite 200 Boise, ID 83702
Maresa M. Noteboom	Secretary	Boise, ID 83702 409 West Jefferson, Suite 200 Boise, ID 83702 409 West Jefferson, Suite 200
Maresa M. Noteboom Karen M. Young	Secretary Treasurer	Boise, ID 83702 409 West Jefferson, Suite 200 Boise, ID 83702 409 West Jefferson, Suite 200 Boise, ID 83702 409 West Jefferson, Suite 200

Name	Office	Address	,
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0. The corporation accepts and sh	all comply with the provi	sions of the Constitution and the laws of the Sta	te of
Idaho.			
1 This Application is assemble	ed by a gartificate of Carr	sorate Status on Enistance duly authorities of he	. 41
proper officer of the state	or country under the	orate Status or Existence, duly authenticated by laws of which it is incorporated.	the
		The control of the state of the	
Dated: 1/4 /6, 1992		1	,
7	Lovessi	VE MUSING Services C (Corporation Name)	ln.
	19	(Corporation Name)	
	B. Kluen	M. Your	
	By	is Prosident Nice President (please specify)	
		MING M HITTOTAN	
1	andI	ts Secretary Assistant Secretary (please specify)	~
TATE OF DAHO)		
OUNTY OF) ss:		
I, SHARDN MO	ORE	, a notary public, do hereby certify tha	t on
		, 19 92, personally appeared bei	
ne Marisa M. Note	boom,	who being by me first duly sworn, declared that (s	s)he
the Secretary	of Prous	essive Nursing	
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nat (s)ne signed the foregoing docum ne statements therein contained are	true.	of the corporation and t	ınat
io statements therein contained are			
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	Sharon.	lloore_	
		Notary Public	t
		Hotal J I wolle	

STATE OF NEVADA SECRETARY OF STATE

CERTIFICATE OF CORPORATE STATUS
SECRETARY OF STATE

I, CHERYL A. LAU, the duly elected, qualified and acting Secretary of State of the State of Nevada, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate,

PROGRESSIVE CARE, INC.

is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith; is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State at my office in Carson City, Nevada, this 25TH day of

JUNE ___A.D., 19.92

By Coni

Secretary of State