

State of Idaho

Office of the Secretary of State

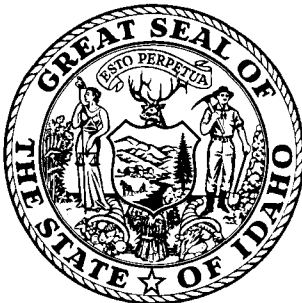
**CERTIFICATE OF REGISTRATION
OF
SHARP MEDICAL SOLUTIONS LLC**

File Number W 172208

I, LAWRENCE 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: September 22, 2016



Lawrence Denney
SECRETARY OF STATE

By *gao*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2016 SEP 22 PM 2:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: SHARP MEDICAL SOLUTIONS LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Nebraska
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
2611 South 159th Plaza, Omaha NE 68130
(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:
2611 South 159th Plaza, Omaha NE 68130
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. The name of the registered agent and street address of registered agent in Idaho:
CT Corporation System 921 S Orchard Street, Suite G, Boise, Idaho 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Rebecca Jones</u>	<u>manager</u>	<u>5884 High Pasture Dr. Fort Calhoun, NE</u>
(Name)	(Capacity)	(Address)

Signature: _____

Typed Name: Rebecca Jones

Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

09/22/2016 05:00

CK: PREPAID CT: 278665 BH: 1547613
1@ 100.00 = 100.00 FOR REG ST #2

W172208

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

SHARP MEDICAL SOLUTIONS LLC

was duly formed under the laws of Nebraska on January 23, 2013;

all fees, taxes, and penalties due under the Nebraska Uniform Limited
Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has
been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement
of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

August 9, 2016



John A. Gale
Secretary of State