## State of Idaho

### Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

#### MEDSCAN LABORATORY, INC.

File Number C 216388

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: January 10, 2018



SECRETARY OF STATE

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Rev. 08/2015

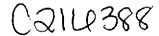
## FOREIGN REGISTRATION STATEMENT 2019 JAN 10 PM 4: 33

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed Complete and submit the form in <u>duplicate</u>. SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity is: MedScan Laboratory, Inc.			
2.	The name which it shall use in Idaho is: MedScan Laboratory, Inc.			
3.	Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)			
	Business Corporation	☐ Gene	aral Partnership	
	☐ Nemprofit Corporation	☐ Gener	eral Cooperative Association	
	Limited Liability Partnership	☐ Limite	ed Partnership (including a limited fiability limited partnership	
	☐ Limited Liability Company	☐ Statut	story 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.	Judisdiction of formation: North Dakota			
5.	(Provide the domestic jurisdiction where the entity was formed)  5. The address of its principal office is:			
	1502 13th Avenue West, Suite 201, Williston, ND 58801			
	(Street Address)			
	(Malling Address, if different)			
• • • • • • • • • • • • • • • • • • • •				
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:			
	(Street Addrass)			
	(Mailing Address, if different)			
7.	The mailing address to which con	respondence sh	hould be addressed, if different from Item 5, is:	
2105 Coronado Street, Idaho Falls, ID 83404				
	(Address)			
Name and street address of registered agent in Idaho:     Jared W. Allen				
8.	t. The name, capacity, and mailing address of at least one governor:			
	Robert A. Howard	Pres./CEO	1502 13th Avenue West, Suite 201, Williston, ND 58801	
	(Name)	(Capacity)	(Address)	
	(Name)	(Capacity)	(Address)	
T	yped Name: Robert A. Howard		of Siahe use only	
9	Signature:	Jue to	1 mg	
•		TRUEL .	ž.	
c	Capacity: President/CEO		IDAHO SECRETARY OF S'	
			\$ 01/11/2018 05:	$\Omega\Omega$

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# State of North Dakota SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING OF

MEDSCAN LABORATORY, INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that MEDSCAN LABORATORY, INC., a North Dakota BUSINESS CORPORATION, was incorporated in this office on July 30, 1999 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

MEDSCAN LABORATORY, INC.

Issued: January 8, 2018

Alvin A. Jaeger Secretary of State

STATEMENT AND A STATEMENT OF A STATE

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