

CERTIFICATE OF AUTHORITY OF

N. DAVID CROW, D.D.S., P.C.

	als of an Application of 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.
N.	NGLY and by virtue of the authority vested in me by law, I issue this Certificate of DAVID CROW, D.D.S., P.C.
to transact busin	N. DAVID GROW, D.D.S., P.C. dess in this State under the name
	and attach hereto a duplicate original of the Application
for such Certific	
for such Certific	

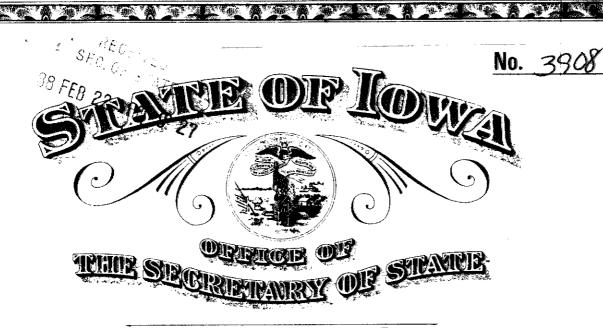
SECRETARY OF STATE

Corporation Clerk

$^{R_{2}}$ \sim application for certificate of author $\mathbf{E}\mathbf{Y}_{r_{1}r_{2}r_{3}}$ 38 FEB 22 (Profit Corporation) To the Secretally of State of Idaho Pursuant to Secretary 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certifical Sof Authority to transact business in your State, and for that purpose submits the following statement: 1. The name of the corporation is N. David Crow, D.D.S., P.C. 2. The name which it shall use in Idaho is N. David Crow, D.D.S., P.C. (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 __IOWa__ 4. The date of its incorporation is November 1, 1978 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 617 Brady Street, Davenport, Iowa 52803 6. The address to which correspondence should be addressed, if different from that in item 5. 7. The street address of its proposed registered office in Idaho is 123 S. Third Street, Sandpoint. Idaho 83864 _____, and the name of its proposed registered agent in Idaho at that address is N. David Crow 8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are: to engage in the practice of dentistry with emphasis on orthodontics. 9. The names and respective addresses of its directors and officers are: Name Office Address 123 S. Third St., Sandpoint, ID 83864 N. David Crow President Treasurer Director ____

(continued on reverse)

	Office	Address
		•
I. This Application is accompan proper officer of the state	nied by a certificate of Corporate or country under the laws	Status or Existence, duly authenticated by the of which it is incorporated.
Dated: 1/-28-57		
	N. David Cr.	ow, D.D.S., P.A.
	N. David CI.	(Corporation Name)
	By Maa	if Crom (Pres)
	ts Pres	ident/Vice President (please specify)
	and voll At en	(Son (Son)
	Its Secr	etary/Assistant Secretary (please specify)
TATE OFIdaho)	, , (p
_) ss:	
COUNTY OF BONNE	•	
~ - ~	- = = 0	
~ - ~	MSTERD	, a notary public, do hereby certify that on
1, <u>C.E. O</u> L	MSTERD	
1, <u>C.E. Ok</u> his <u>23nd</u> day	MSTEAD yof DECEMBER	, 19 <u>\$7</u> , personally appeared before
1, <u>C.E. O</u> L	MSTEAD yof DECEMBER	, a notary public, do hereby certify that on , 19, personally appeared before ing by me first duly sworn, declared that (s)he
I, C.E. OL his 23rd day ne N. David Crow	MSTEAD y of DECEMBER, who be	, 19 17, personally appeared before
I, C.E. OL his 23rd day ne N. David Crow	MSTEAD y of DECEMBER, who be	, 19 <u>\$7</u> , personally appeared before
I, C.E. OL his 23rd day ne N. David Crow	MSTEAD y of DECEMBER, who be	, 19 17, personally appeared before
I, C.E. OL his 23rd day ne N. David Crow the President	msterd y of <u>December</u> , who be of <u>N. David Cro</u>	, 19 £7, personally appeared before ing by me first duly sworn, declared that (s)he bw. D.D.S., P.C.
is	msTend y of DECEMBER , who be of N. David Cro	, 19 17, personally appeared before
I, C.E. OL his 23rd day ne N. David Crow the President	msTend y of DECEMBER , who be of N. David Cro	, 19 £7, personally appeared before ing by me first duly sworn, declared that (s)he bw. D.D.S., P.C.
is	msTend y of DECEMBER , who be of N. David Cro	, 19 £7, personally appeared before ing by me first duly sworn, declared that (s)he bw. D.D.S., P.C.
is	msTend y of DECEMBER , who be of N. David Cro	, 19 £7, personally appeared before ing by me first duly sworn, declared that (s)he bw. D.D.S., P.C.
is	msTend y of DECEMBER , who be of N. David Cro	, 19 £7, personally appeared before ing by me first duly sworn, declared that (s)he bw. D.D.S., P.C.
is	msTend y of DECEMBER , who be of N. David Cro	, 19 £7, personally appeared before ing by me first duly sworn, declared that (s)he bw. D.D.S., P.C.
is	mstend y of DECEMBER , who be of N. David Cro ument as President re true.	, 19 7, personally appeared before ing by me first duly sworn, declared that (s)he by, D.D.S., P.C. of the corporation and that
is	mstend y of DECEMBER , who be of N. David Cro ument as President re true.	, 19 £7, personally appeared before ing by me first duly sworn, declared that (s)he bw. D.D.S., P.C.



To All To Whom These Presents Shall Come, Greeting:

I, ELAINE BAXTER, Secretary of State

of the State of Iowa;

CUSTODIAN of the records of incorporations;

DO HEREBY CERTIFY THAT:

N. DAVID CROW, D.D.S., P.C.,

an IOWA Professional Corporation,

filed articles of incorporation on

October 20, 1978, to begin November 1, 1978,

and is shown by the records in this office

to be in Good Standing.

As the same appear of record in this office.

Donut

			Deputy		
TATA MATANA MATANA MATANA		ZON MOAY	A CONTROL	w//(48	
CERTIFICATE No. 03908	DATE	February	10,	19	88
RECEIPT NO. N. DAVID CROW, D.D.S., P.C. RELATING TO:					
MARK B. ABBOTT					
ISSUED TO: JWELLS, MCNALLY & BOWMAN 617 BRADY ST. DAVENPORT, IA. 52803					
REMARKS:	CERT	IFICATION F	EE	. \$5.0	00

COPY FEE

TOTAL PAID 5