

# State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY  
OF  
PATIENT SUPPORT SERVICE, INC.**

File Number C 189264

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 2, 2010



*Ben Yursa*

SECRETARY OF STATE

By \_\_\_\_\_

*Nida Corbus*

FILED EFFECTIVE

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# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2010 DEC -2 PM 1:39

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is: Patient Support Service, Inc.
- The name which it shall use in Idaho is: Patient Support Service, Inc.
- It is incorporated under the laws of: State of Washington
- Its date of incorporation is: 12/18/2002
- The address of its principal office is: 2383 S Marypost Ave, Eagle ID 83616
- The address to which correspondence should be addressed, if different from item 5, is: same
- The street address of its registered office in Idaho is: 2383 S Marypost Ave, Eagle ID 83616  
and its registered agent in Idaho at that address is: Carol A. Wells
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Carol A. Wells</u>	<u>President, Chairman of</u>	<u>2383 S Marypost Ave, Eagle ID 83616</u>
<u>Bob Wells</u>	<u>Secretary, Treasurer</u>	<u>2383 S Marypost Ave, Eagle ID 83616</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 12/2/10

Signature: *Carol A. Wells*

Typed Name: Carol A. Wells

Capacity: President, Chairman of the Board  
*(The signer must be a director or an officer of the corporation.)*

Customer Acct # : \_\_\_\_\_  
(if using pre-paid account)

Secretary of State use only

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Revised 08/2005

IDAHO SECRETARY OF STATE  
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UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**PATIENT SUPPORT SERVICE, INC.**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/18/2002.

I FURTHER CERTIFY that as of the date of this certificate, PATIENT SUPPORT SERVICE, INC. remains active and has complied with the filing requirements of this office.

Date: November 22, 2010

UBI: 602-256-073



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

Sam Reed, Secretary of State