

State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY OF IDAHO SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS, INC.

File Number C 146909

I PETE T. CENARRUSA, 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 Non-Profit 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: 30 December 2002



Pete T. Cenarrusa
SECRETARY OF STATE

By *Sheryl Dennis*



APPLICATION FOR CERTIFICATE OF AUTHORITY (Nonprofit)

(Instructions on back of application)

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

2002 DEC 31 11:17:07
STATE OF IDAHO
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1. The name of the corporation is: Idaho Society of Interventional Pain Physicians, Inc.
2. The name which it shall use in Idaho is: Idaho Society of Interventional Pain Physicians, Inc.
3. It is incorporated under the laws of: Delaware
4. Its date of incorporation is: 08/15/2001 and its duration, if other than perpetual, is: _____
5. The street address of its principal office is:
2831 Lone Oak Rd., Paducah, KY 42003
6. The address to which correspondence should be addressed, if different than item 5, is:

7. The street address of its registered office in Idaho is:
c/o C T Corporation System, 300 North 6th Street, Boise, Idaho 83702,
and its registered agent in Idaho at that address is: C T Corporation System
8. Does the corporation have members? Yes No
9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>Laxmaiah Manchikanti, M.D.</u>	<u>Executive Director</u>	<u>2831 Lone Oak Rd., Paducah, KY 42003</u>
<u>Laxmaiah Manchikanti, M.D.</u>	<u>President, Secretary</u>	<u>2831 Lone Oak Rd., Paducah, KY 42003</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 11 - DEC - 02

Signature:

Typed Name: Laxmaiah Manchikanti, M.D.

Capacity: President

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Revised07/2002

Secretary of State use only

IDaho SECRETARY OF STATE
12/30/2002 05:00
CK: 5111 CT: 79816 BH: 653812
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C 146909

Delaware

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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF INCORPORATION OF "IDAHO SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS, INC.", WAS RECEIVED AND FILED IN THIS OFFICE THE FIFTEENTH DAY OF AUGUST, A.D. 2001.

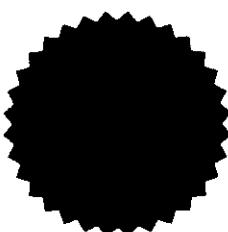
AND I DO FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-PROFIT AND NON-STOCK CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2108379

DATE: 11-23-02