

# State of Idaho

Office of the Secretary of State

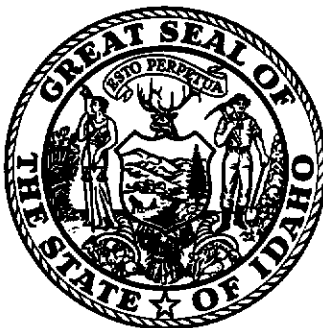
**CERTIFICATE OF AUTHORITY  
OF  
OSTEOMED L.P.**

**File Number L 6431**

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 Limited Partnership 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.

Dated: August 2, 2010



*Ben Yursa*  
SECRETARY OF STATE

By *Conthi*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP

(Instructions on back of application)

10 AUG -2 AM 9:50

SECRETARY OF STATE  
STATE OF IDAHO

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

1. The name of the limited partnership is:

Osteomed L.P.

2. The name which it shall use in Idaho is:

Osteomed L.P.

3. It is formed under the laws of:

Delaware

and its date of formation is

12/09/2002

4. The business address of the office located in its jurisdiction of domicile:

3885 Arapaho Road Addison, TX 75001

5. The address of its principal office in Idaho is:

None

6. The address to which correspondence should be addressed, if different from item 5, is:

3885 Arapaho Road Addison, TX 75001

7. The name and physical street address of the registered agent in Idaho is:

Corporation Service Company 1401 Shoreline Drive, Suite 2 Boise, ID 83702

8. This limited partnership [ ☐ is ] [ ☒ is not ] a limited liability limited partnership.

9. The names and respective business and mailing addresses of its general partners:

Name	Street Address	Mailing Address
Osteomed Corporation	3885 Arapaho Road	same
	Addison, TX 75001	

Dated:

7/27/10

Signature:

*[Signature]*

Typed Name:

Walter J. Humann

Capacity:

President, Osteomed Corporation, General Partner

*The signer must be a general partner of the limited partnership.*

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

g:\corpform\ship forms\cert of authority foreign lp.pmd Revised 07/2006

IDAHO SECRETARY OF STATE  
08/02/2010 05:00  
CK: 75092 CT: 250086 BH: 1233040  
1 @ 100.00 = 100.00 REG FOR LP # 2

L 6431

# Delaware

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*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSTEOMED L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2010.

3597498 8300

100671815

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8064682

DATE: 06-18-10