

State of Idaho

Office of the Secretary of State

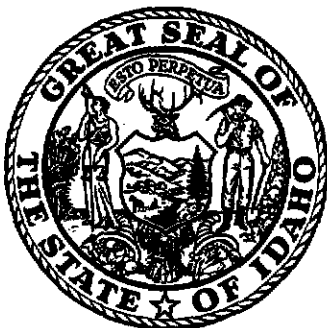
**CERTIFICATE OF AUTHORITY
OF
LSI SOLUTIONS, INC.**

File Number C 184490

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: September 16, 2009



Ben Yursa
SECRETARY OF STATE

By *Sherry Redner*



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

09 SEP 16 AM 8:23

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the corporation is:

LSI Solutions, Inc.

2. The name which it shall use in Idaho is: LSI Solutions, Inc.

3. It is incorporated under the laws of: New York

4. Its date of incorporation is: 10/01/1986

5. The address of its principal office is:

7796 Victor-Mendon Road, Victor, NY 14564

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

same

7. The street address of its registered office in Idaho is: 1111 West Jefferson, Suite 530 *Boise ID 83702*

and its registered agent in Idaho at that address is: CT Corporation System

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Jude S. Sauer, M.D.</u>	<u>President & CEO</u>	<u>7796 Victor-Mendon Rd, Victor, NY 14564</u>
<u>Eva P. Sauer, M.D.</u>	<u>Secretary & Treasurer</u>	<u>7796 Victor-Mendon Rd, Victor, NY 14564</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Dated: 9/11/09

Signature: *Eva P. Sauer*

Typed Name: Eva P. Sauer, M.D.

Capacity: Secretary & Treasurer

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

g:\corp\form\corp
forms\app\corporate\authority_profit.pmd
Revised 06/2005

Web Form

IDAHO SECRETARY OF STATE
09/16/2009 05:00
CK: 44800 CT: 240500 BH: 1107190
1 @ 100.00 = 100.00 AUTH PRO # 2

C184490

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of LSI SOLUTIONS, INC. was filed on 10/01/1986, under the name of LASERSURGE, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Certificate of Amendment was filed on 01/27/1988.

Certificate of Change was filed on 01/22/1991.

A Biennial Statement was filed 12/04/2000.

Restated Certificate and Name Change of LASERSURGE, INC., changing its name to LSI SOLUTIONS, INC. was filed on 05/15/2002.

A Biennial Statement was filed 10/30/2002.

A Biennial Statement was filed 12/08/2004.

A Biennial Statement was filed 10/03/2006.

A Biennial Statement was filed 10/02/2008.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 18th day of August
two thousand and nine.*

Daniel Shapiro
First Deputy Secretary of State