

State of Idaho

Office of the Secretary of State

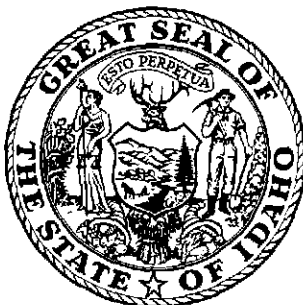
**CERTIFICATE OF REGISTRATION
OF
HEALTHCARE & DIAGNOSTIC SOLUTIONS, INC.**

File Number C 214763

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: August 8, 2017



Lawrence Denney
SECRETARY OF STATE

By *[Signature]*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 AUG -8 AM 11: 23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: HEALTHCARE & DIAGNOSTIC SOLUTIONS, INC.
2. The name which it shall use in Idaho is: _____
3. Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ <small>(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)</small>	
4. Jurisdiction of formation: ALABAMA
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
29922 COUNTY ROAD 49, LOXLEY, AL 36551
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
29922 COUNTY ROAD 49, LOXLEY, AL 36551
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 6, is:

(Address)
8. Name and street address of registered agent in Idaho:
UNISEARCH, INC. 921 S. Orchard St Ste G Boise, ID 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>MATTHEW MCDONALD,</u>	<u>PRESIDENT</u>	<u>29922 COUNTY ROAD 49, LOXLEY, AL 36551</u>
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>
_____	_____	_____
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>

Typed Name: MATTHEW MCDONALD

Signature: _____

Capacity: PRESIDENT

Secretary of State use only

IDAHO SECRETARY OF STATE

08/08/2017 05:00

CK:14228026 CT:172099 BH:1597295
1@ 100.00 = 100.00 FOR REG ST #2

C214763

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

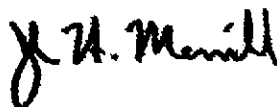
**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Healthcare & Diagnostic
Solutions, Inc. was formed in Baldwin County, Alabama on November 19, 2004.
The Alabama Entity Identification number for this entity is 238-505. I further
certify that the records do not disclose that said entity has been dissolved,
cancelled or terminated.

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

06/22/2017

Date



John H. Merrill

Secretary of State



20170622000018058