



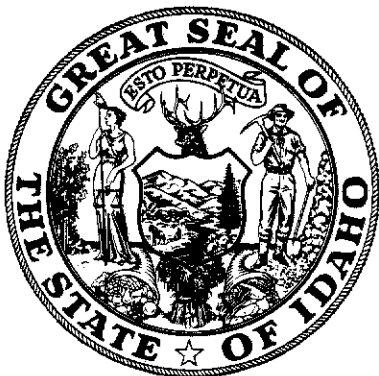
CERTIFICATE OF INCORPORATION  
OF

MAGIC VALLEY SURGERY CENTER, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of Articles of Incorporation for the incorporation of the above named corporation, duly signed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Incorporation and attach hereto a duplicate original of the Articles of Incorporation.

Dated *August 5, 1986*



A handwritten signature in cursive script, reading "Pete T. Cenarrusa".

SECRETARY OF STATE

by: \_\_\_\_\_

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26812 5 26  
ARTICLES OF INCORPORATION  
OF  
MAGIC VALLEY SURGERY CENTER, INC.

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, being of full age and citizens of the United States, do this day voluntarily form a corporation under the provisions of the Idaho Business Corporation Act, and we hereby certify in writing:

ARTICLE I  
NAME

The name of the corporation shall be Magic Valley Surgery Center, Inc.

ARTICLE II  
PURPOSE AND POWERS

The purposes for which this corporation is formed are to engage in any lawful act or activity for which corporations may be organized under the Idaho Business Corporation Act and to possess and exercise all the powers and privileges granted by the Idaho Business Corporation Act or by any lawful powers and privileges incidental thereto, so far as such powers and privileges are necessary or convenient to the conduct, promotion or attainment of the business or purposes of the corporation.

ARTICLE III  
DURATION

Subject to dissolution in the manner provided by law, the corporation shall be perpetual.

ARTICLE IV  
REGISTERED OFFICE

The registered office of said corporation in the State of Idaho shall be located at 570 Shoup Avenue West, Twin Falls, Idaho 83301. The post office address of the registered office of said corporation in the State of Idaho, County of Twin Falls, shall be 570 Shoup Avenue West, Twin Falls, Idaho 83301. Mark F. Grefenson, M.D. shall be the registered agent at the address set forth above.

ARTICLE V  
CORPORATE STOCK

The aggregate number of shares which the corporation shall have authority to issue is 10,000, which shall have no par value.

ARTICLE VI  
INCORPORATORS

Following are the names and post office addresses of the incorporators:

<u>NAME OF INCORPORATORS</u>	<u>POST OFFICE ADDRESS</u>
Mark F. Grefenson, M.D.	Route No. 4, Box 7438 Twin Falls, ID 83301
Julian O. Nicholson, M.D.	Route No. 3, Canyon Ridge Twin Falls, ID 83301
Larry D. Maxwell, M.D.	790 Academic Twin Falls, ID 83301

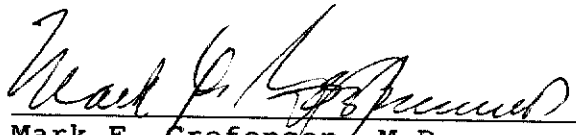
ARTICLE VII  
MANAGEMENT


The business of the corporation shall be managed by a board of at least three (3) directors, except that if all of the shares of the corporation are owned beneficially and of record by either one (1) or two (2) stockholders, the number of directors may be less than three (3) but not less than the number of stockholders. A director shall hold office for the term for which he was named or elected and until his successor is elected and qualified. The incorporators listed in Article VI above shall serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified.


ARTICLE VIII  
BY-LAWS

The initial By-Laws of the corporation shall be adopted by its board of directors. The power to alter, amend or repeal the By-Laws or adopt new By-Laws, subject to repeal or change by action of the shareholders, shall be vested in the board of directors.

IN WITNESS WHEREOF, we have hereunto set our hands this 3/5 day of July, 1986.

  
\_\_\_\_\_  
Mark F. Grefenson, M.D.

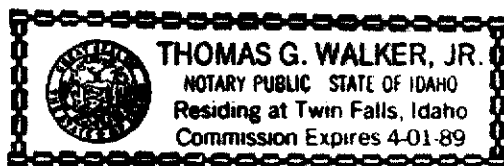
  
\_\_\_\_\_  
Julian O. Nicholson, M.D.

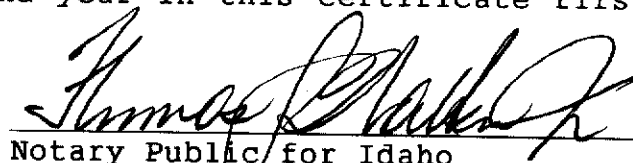
  
Larry D. Maxwell, M.D.

STATE OF IDAHO                    )  
  ) ss.  
County of Twin Falls            )

On this 31<sup>st</sup> day of July, 1986, before me, the undersigned, a notary public in and for said county and state, personally appeared Mark F. Grefenson, M.D., known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the same day and year in this certificate first above written.

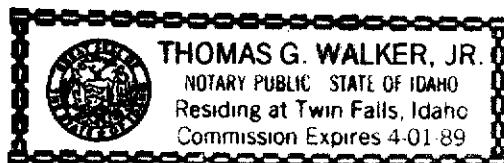


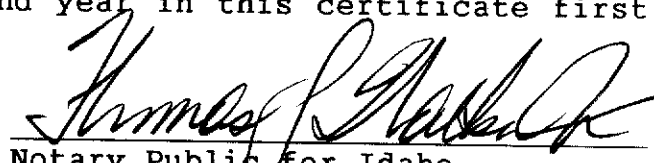
  
Notary Public for Idaho  
Residing at Twin Falls, Idaho

STATE OF IDAHO                    )  
  ) ss.  
County of Twin Falls            )

On this 31<sup>st</sup> day of July, 1986, before me, the undersigned, a notary public in and for said county and state, personally appeared Julian O. Nicholson, M.D., known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the same day and year in this certificate first above written.



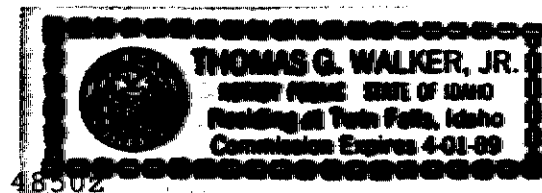
  
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Residing at Twin Falls, Idaho

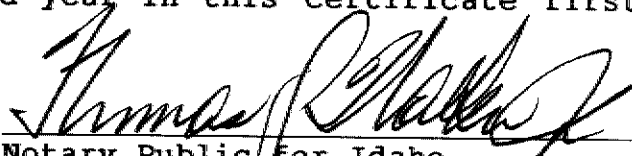
STATE OF IDAHO                    )  
  ) ss.  
County of Twin Falls            )

On this 31<sup>st</sup> day of July, 1986, before me, the undersigned, a notary public in and for said county and state, personally

appeared Larry D. Maxwell, M.D., known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the same day and year in this certificate first above written.



  
Notary Public for Idaho  
Residing at Twin Falls, Idaho