

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY
OF
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC.**

File Number C 205220

I, LAWRENCE DENNEY, 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: March 10, 2015



Lawrence Denney
SECRETARY OF STATE

By *Comptroller*



APPLICATION FOR CERTIFICATE OF AUTHORITY (Nonprofit)

(Instructions on back of application)

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

2015 MAR 10 AM 9:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the corporation is: Saint Alphonsus Medical Center - Ontario, Inc.
2. The name which it shall use in Idaho is: Saint Alphonsus Medical Center - Ontario, Inc.
3. It is incorporated under the laws of: Oregon
4. Its date of incorporation is: 1/26/10 and its duration, if other than perpetual, is: _____
5. The street address of its principal office is:
351 SW 9th Street, Ontario, OR 97914
6. The address to which correspondence should be addressed, if different than item 5, is:
1055 N. Curtis Road, Boise, ID 83706
7. The street address of its registered office in Idaho is:
1512 12th Avenue Road, Nampa, ID 83686
and its registered agent in Idaho at that address is: Karl Keeler
8. Does the corporation have members? ☒ Yes ☐ No
9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>Karl Keeler</u>	<u>President</u>	<u>1512 12th Avenue Road, Nampa, ID 83686</u>
<u>Stephanie C. Westermeier</u>	<u>Secretary</u>	<u>1055 N. Curtis Road, Boise, ID 83706</u>
<u>Blaine Q. Petersen</u>	<u>Treasurer</u>	<u>1055 N. Curtis Road, Boise, ID 83706</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: Karl Keeler 3/2/15
 Signature: [Signature]
 Typed Name: Karl Keeler
 Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

03/10/2015 05:00

CK:2647032 CT:172099 BH:1465452

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forms\appforcauth\auth_nonprofit.pmd
Revised 04/2004

C205220

State of Oregon

*OFFICE OF THE SECRETARY OF STATE
Corporation Division*

Certificate of Existence 636B321U3

I, ROBERT TAYLOR, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC.

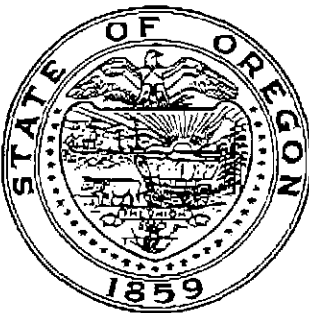
is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*



A handwritten signature in black ink, appearing to be "RT", written over a horizontal line.

ROBERT TAYLOR, DEPUTY SECRETARY OF STATE

2/24/2015