

# State of Idaho

Office of the Secretary of State

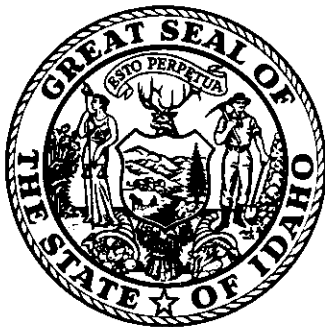
**CERTIFICATE OF AUTHORITY  
OF  
NUETERRA HEALTHCARE PHYSICAL THERAPY, LLC**

File Number W 123960

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 Uniform Limited Liability 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: April 5, 2013



*Ben Yursa*  
SECRETARY OF STATE

By *Shay Debra*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR -5 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Nueterra Healthcare Physical Therapy, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: Delaware

4. The name and complete street address of the registered agent in Idaho is:

CT Corporation System 1111 W. Jefferson, Suite 530, Boise, ID 83702

5. The street and mailing address of the limited liability company's principal office is:

c/o Ginny Woody 11221 Roe Ave., Suite 320, Leawood, KS 66211

*Street Address*

Same as street address

*Mailing Address, if different*

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

1209 Orange St., Wilmington, DE 19801

*Street Address*

Same as street address

*Mailing Address, if different*

7. The name and mailing address of at least one member or manager:

DRT Holdings, LLC 11221 Roe Ave., Suite 320, Leawood, KS 66211

8. The mailing address for future correspondence:

11221 Roe Ave., Suite 320, Leawood, KS 66211

9. Signature of a manager, member or authorized person.

*Daniel J. Saale*  
*Signature*

Daniel J. Saale, Secretary

*Typed Name*

Secretary of State use only

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04/05/2013 05:00  
CK: 1327 CT: 281569 BH: 1368169  
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W123960

# Delaware

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*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUETERRA HEALTHCARE PHYSICAL THERAPY, LLC" 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 EIGHTH DAY OF MARCH, A.D. 2013.

3994885 8300

130290499

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: 0269982

DATE: 03-08-13