

State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: Articles of Incorporation, duly signed and acknowledged under oath, have been filed on this date in the Office of the Secretary of State, for the incorporation of the following corporation, under and in accordance with the provisions of the chapter of Minnesota Statutes listed below.

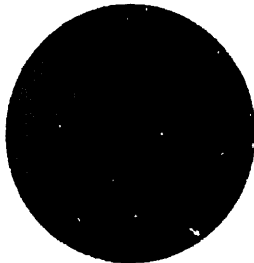
This corporation is now legally organized under the laws of Minnesota.

Corporate Name: Rapid Recovery - Incorporated

Corporate Charter Number: 11M-77

Chapter Formed Under: 302A

This certificate has been issued on 01/09/2001.



Mary Kiffmeyer
Secretary of State.



STATE OF MINNESOTA
SECRETARY OF STATE

ARTICLES OF INCORPORATION
Business and Nonprofit Corporations

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

Please read the directions on the reverse side before completing this form. All information on this form is public information.

The undersigned incorporator(s) is an (are) individual(s) 18 years of age or older and adopt the following articles of incorporation to form a (mark ONLY one):

FOR-PROFIT BUSINESS CORPORATION (Chapter 302A) NONPROFIT CORPORATION (Chapter 317A)

ARTICLE I NAME

The name of the corporation is:

Rapid Recovery Incorporated *pe*

(Business Corporation names must include a corporate designation such as Incorporated, Corporation, Company, Limited or an abbreviation of one of those words.)

ARTICLE II REGISTERED OFFICE ADDRESS AND AGENT

The registered office address of the corporation is:

7285 North 137th Street Hugo, MN 55038

(A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box) City State Zip

The registered agent at the above address is:

Name (Note: You are not required to have a registered agent.)

ARTICLE III SHARES

The corporation is authorized to issue a total of 1,000,000 shares.

(If you are a business corporation you must authorize at least one share. Nonprofit corporations are not required to have shares.)

ARTICLE IV INCORPORATORS

I (We), the undersigned incorporator(s) certify that I am (we are) authorized to sign these articles and that the information in these articles is true and correct. I (We) also understand that if any of this information is intentionally or knowingly misstated that criminal penalties will apply as if I (we) had signed these articles under oath. (Provide the name and address of each incorporator. Each incorporator must sign below. List the incorporators on an additional sheet if you have more than two incorporators.)

Peter J. Olson 12035 Glendale Lane Minnetonka MN 55305
Name Street City State Zip Signature

Jared Edward Arnold Groutt 4433 44th Ave So Mpls MN 55406
Name Street City State Zip Signature

Print name and phone number of person to be contacted if there is a question about the filing of these articles.

Pete Olson (612) 245-1892
Name Phone Number

0330570476

1111-77

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

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JAN - 9 2001

Mary Hoffmann
Secretary of State



DC-RO
MINNESOTA SECRETARY OF STATE
**NOTICE OF CHANGE OF REGISTERED OFFICE/
REGISTERED AGENT**



Please read the instructions on the back before completing this form.

1. Entity Name:

Rapid Recovery Incorporated

2. Registered Office Address (No. & Street): List a complete street address or rural route and rural route box number.
A post office box is not acceptable.

14 East Acker St.

Saint Paul

MN

55117

Street

City

State

Zip Code

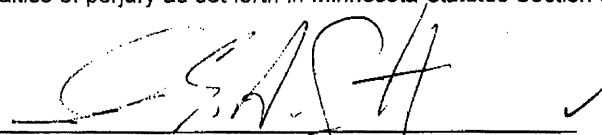
3. Registered Agent (Registered agents are required for foreign entities but optional for **Minnesota** entities):

None

If you do not wish to designate an agent, you must list "NONE" in this box. **DO NOT LIST THE ENTITY NAME.**

In compliance with Minnesota Statutes, Section 302A.123, 303.10, 308A.025, 317A.123 or 322B.135 I certify that the above listed company has resolved to change the entity's registered office and/or agent as listed above.

I certify that I am authorized to execute this notice and I further certify that I understand that by signing this notice I am subject to the penalties of perjury as set forth in Minnesota Statutes Section 609.48 as if I had signed this notice under oath.



Signature of Authorized Person

Name and Telephone Number of a Contact Person: Jared Gruett (651) 665-0022

please print legibly

Filing Fee: For Profit Minnesota Corporations, Cooperatives and Limited Liability Companies: \$35.00.

Minnesota Nonprofit Corporations: No \$35.00 fee is due unless you are adding or removing an agent.

Non-Minnesota Corporations: \$50.00.

Make checks payable to **Secretary of State**
Return to: **Minnesota Secretary of State**
180 State Office Bldg.

100 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155-1299

(651) 296-2002

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED *DS*

JAN 26 2005

Mary Hoffmeyer
Secretary of State