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File	Number	5822-980 <i>-6</i>
	1 10111001	

DEPT-01 RECORDING T#0001 TRAN 7308 03/09/95 12/52/00 #2699 # DT #-95-159512

COOK COUNTY RECORDER

State of Allinois Office of 50.11 The Secretary of State Office of 26.11

APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN THIS STATE OF

LEASING COMPANY SCANDIA INCORPORATED UNDER THE LAWS OF THE STATE OF WASHINGTON HAS BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

95159512

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois,

at the City of Springfield, this ____ day of MARCH A.D. 19 _ the Independence of the United States the two

hundred and 19TH

Secretary of State

C-212.1

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3.3 M. L. S. 15

Property of County Clark's Office

. TACECACE

FEIT BCA-13.45V AFPEIR TION FOR CERTIFIC
OF AUTHORITY TO

(Rev. Jan. 1991)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62758 Telephone (217) 782-8961

Payment must be made by certified check, cashier's check, lilinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

TRANSACT BUSINESS IN ILLINOIS

6 1995 MAR

GEORGE H. RYAN-SECRETARY OF STATE SUBMIT IN DUPLICATE

This space for use by Secretary of State

Franchise Tax

Filing Fee

	(Complete item 1 (b) saly if the	e corporate name is not available in this state.)
	(b) ASSUMED COPPORAT	E NAME.
	1.00	E. NAME: e, the corporation hereby agrees NOT to use its corporate name in the transaction of business in III
	Form BCA 4.15 is attached.	is, the corporation hereby agrees includes as corporate hante in the transaction of outliness in til
-		And the state of t
2.	/al State or Country of Innov	pure Im. Washington
۴.	-	
	(b) Date of Incorporation:	10-13-53
	(c) Period of Duration:	perperua]
3.	(a) - Address of the principal o	office, wherever io cated: (b) Address of principal office in Illinois:
		and the second of the second o
	14949 N.E. 40th Stre	eet none**Es_president in a live tea
		The second secon
	Redmond, Washington	98052
	The second secon	to design the control of the control
		je trajektori i
		established to the company of the co
	Name and address of the register Application Registered Office	tered agent and registered office in Illinois. CT Corporation System First Name Aladde Name Last Name
F	XPLD	208 South LaSalle Street
	Registered Office	
	MAR 6 1995	in the second of
	- CTATE	Chicago 60604 Cook
	SECRETARY OF STATE	City 21p Code County
	SECKEIVE	and the state of t
5.	States and equation in which it	is admitted or qualified to transact business:
,.	States and countries in which it	is admitted of documen to framsact pusitiess.
	Section 1995 Section 1995	Washington Washington
; ;	Names and residential addresse	es of officers and directors
	THE MEDICONIES MEDICOSE	so or emedia amedias.
	Name	No & Street City State . Zio
	President Timothy J. Flyn	
	Secretary Philip R. Rowle:	y 1120 NW Honeywood Place Issaquah WA 🏗 98027
	OKECOD: Philip R. Rowles	
rer	Director Philip R. Rowle	y See above
rer .		y See above

BOX 170

Treas

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7. Purpose or purposes proposed to be pursued in transacting business in this state:

(If not sufficient space to cover this point, add one or more sheets of this size.)

The purpose of this corporation is to engage in financing and lease servicing, and for all other legal purposes for which corporations may be authorized pursuant to the laws of the State of Washington and permitted under the Illinois Business Corporation Act.

8	. Au	ithorized and	l issued share	es:	Number of Shares	Number of Shares
	Clá	355	Series	Par Value	Authorized	Issued
		оттоп		∽ none -	200,000	200,000
			/			
				······································		
_			s 3.61	ir Oa		· · · · · · · · · · · · · · · · · · ·
9.	Pa	id-In Capital:	T	· · · · · · · · · · · · · · · · · · ·	Paid-in Surplus and is equal to the tol	at of these wassings t
		(Pao	in cabiai 145ia	the famile office orbital o	Landing Shibins and is adver to the for	ai gi trese accounts.)
4.5				- Ox		**************************************
10.	(a)	Give an estit following yea		value of all the property" of the	corporation for the \$ _15,000,00	0
		- •				
	{b }		nale of the total (Ir that will be icc.	value of all the proparty* of the ated in Illinois:	corporation for the 539,00	0
	-1	- •		1		
	(c)		or the following	siness of the corporation to byear:	\$ 750,00	0
	(d)	State the esti	mated annual bu	siness of the corporation to be	trans act of by it at	_
	(-)			the State of Illinois:	\$ 70,000) ————————————————————————————————————
11.	Inte	rrogatories:				India u B. Harri
**	(a)	•	es to which all c	ontracts with the corporation a		4949 N.E. 40th Street edmond, Washington 98052
	(b)			es owned by residents of Illino		January 1120111160011 70072
	(c)			es owned by non-residents of i		A Agent of the Age
	(d)	Is the corpora	ition transacting	business in this state at this tir	·	
	(0)	If the answer	to Item 11(d) is y	res, state the exact date on wh	ich it commenced to transact business	i i Illinole: 2-14-94
12	This	annlication	is accompani	ed by a convolthe artic	es of incompration, as amanda	ed, duly suthenticated, within the
	11115				state or country wherein the co	
	74.	ا ئالان ھول سالسال				
13.	unde	ungersigned er genalties i	corporation n	as caused this statement t the facts stated herein	to be signed by its duly authorize are true	ed officers, each of whom affirms,
	•	3 4			-	1
	Date	d <u> Cover</u>	mbu 2	19, 19_ <i>_94</i>	Scandia Leasi	pg Company
6	_	/	M/ 1	?	(Exag Name	of Corporation)
3	क्रा रिड	sted by	Mouste	1	by	
	1	(5)	gnature of Secre	itary or Assistant Secretary)	(Signature-6) Présid	lent or Vice President)
	`	sled by	KOWLE	SECRETARY	Tim FLYNN	RESIDENT
			(Type or	inf Name and Title)	(Type or Print	Name and Title)

PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

When the response to #11(a) lists ONLY an likno's address, then the total business as reflected in #10(c) is also considered to be likno's business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Itinois address shown under #11(a).