



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Certificate of Authority
FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIV.

1. The name of the corporation is: Handicare USA, Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 02/26/2003 And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 10888 Metro Ct, Maryland Heights, MO 63043		
6. The name and address of the initial registered agent/office of in Rhode Island:		
Agent Name InCorp Services, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY 303114

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Patient Handling and Accessibility devices

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
David Temple	910 N McKnight, Apt 1A, St. Louis, MO 63132
Peter Lindquist	Morangvagen 21, Saltsjobaden, Sweden 133 33

Check the box to indicate an attachment. ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Charlie Wallace	10500 Whitebridge Lane, St. Louis, MO 63141
VICE PRESIDENT	Peter Lindquist	Morangvagen 21, Saltsjobaden, Sweden 133 33
TREASURER	Greg Ernst	551 High Meadow Rd, St. Louis, MO 63131
SECRETARY	Alex Krupski	5407 Regency Woods Manor, Imperial, MO 63052

Check the box to indicate an attachment. ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

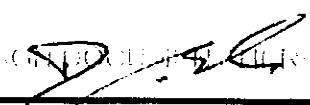
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	Common		\$1.00

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:
\$ 30,000,000

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:
\$ 0

(c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.

0 %

<p>11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.</p> <p style="text-align: center;">\$ <u>50,000,000</u></p>	<p>(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.</p> <p style="text-align: center;">\$ <u>10,000</u></p>
<p>(c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i></p> <p style="text-align: center;"><u>.020</u> %</p>	
<p>12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.</p>	
<p>13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX</p>	
<p><input checked="" type="checkbox"/> Date received (Upon filing)</p>	
<p><input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____</p>	
<p><i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i></p>	
<p>Type or Print Name of Authorized Officer</p> <p>David Temple</p>	<p>Date</p> <p style="font-size: 1.2em;">05/03/2017</p>
<p>Signature of Authorized Officer of the Corporation</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <input checked="" type="checkbox"/> </div> <div>  </div> </div>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of State
Business Services Division

Application for Certificate of Authority

Handicare USA, Inc.
(continued)

Item number 8 (b) – The names and respective addresses of its principal officers:

Asbjorn Eskild	CEO	Kalleraveien 21, Krakeroy, Norway 1675
David Temple	CFO	910 N McKnight, Apt 1A, St. Louis, MO 63132
Steve Clark	COO	16065 Pierside Lane, Ellisville, MO 63021
Steve Clark	Assistant Secretary	16065 Pierside Lane, Ellisville, MO 63021

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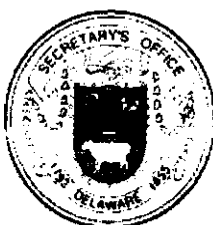
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HANDICARE USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HANDICARE USA, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

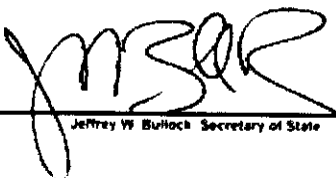
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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock Secretary of State

Authentication: 202483674

Date: 05-04-17



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 08, 2017 10:52 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

