



0005939489

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005939489

Date Filed: 10/11/2024 12:45:55 PM

Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company Foreign Limited Liability Company
Entity name Regional Care Network LLC
Regional Care Network LLC

2. Home Jurisdiction

The jurisdiction of formation is: NEW YORK

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address 1 RADISSON PLAZA, SUITE 906
NEW ROCHELLE, NY 10801

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address None

5. The complete street address of the principal office is:

Principal Office Address 1 RADISSON PLAZA, SUITE 906
NEW ROCHELLE, NY 10801

6. The mailing address of the principal office is:

Mailing Address 1 RADISSON PLAZA, SUITE 906
NEW ROCHELLE, NY 10801

7. Registered Agent Name and Address

Registered Agent VCORP AGENT SERVICES, INC.
Commercial Registered Agent
Physical Address
1555 W SHORELINE DR
STE 1000
BOISE, ID 83702
Mailing Address
1555 W SHORELINE DR
STE 1000
BOISE, ID 83702

☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
Jared Dubin	Member	1 RADISSON PLZ STE 906 NEW ROCHELLE, NY 10801-5766

Signature of individual authorized by the entity to sign:



Jared Dubin

Sign Here

10/11/2024

Date

Job Title: Member

B0954-5822 10/11/2024 12:46 PM Received by Office of the Idaho Secretary of State

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	REGIONAL CARE NETWORK LLC
DOS ID Number:	5566789
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/07/2019
Statement Status:	CURRENT
Statement Due Date:	06/30/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	06/07/2019
Entity Name:	REGIONAL CARE NETWORK LLC

Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	09/03/2019

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/24/2022

Document Type:	BIENNIAL STATEMENT
Date of Filing:	10/26/2023
Effective Date:	06/01/2023

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 11, 2024 at 02:38 P.M.

WALTER T. MOSLEY
Secretary of State

Brandon C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006751873 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>