



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

**-FILED-**

File #: 0005330885

Date Filed: 7/24/2023 1:27:00 PM

- The name of the entity is: Expressable Therapy, P.C.
- The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
- Select the type of entity you wish to register:
 

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input checked="" type="checkbox"/> Other: <u>Professional Corporation</u>	

(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
- Jurisdiction of formation: Michigan  
(Provide the domestic jurisdiction where the entity was formed)
- The address of its principal office is:  
7600 Chevy Chase Drive, Suite 300-329, Austin, Texas 78752  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
- The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
- The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)
- Name and street address of registered agent in Idaho:  
Capitol Corporate Services, Inc. 1555 W Shoreline Dr Ste 100 Boise ID 83702  
(Name and Address)
- The name, capacity, and mailing address of at least one governor:
 

<u>Leanne Sherred</u>	<u>President</u>	<u>7600 Chevy Chase Drive, Suite 300-329, Austin, Texas 78752</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Secretary of State use only

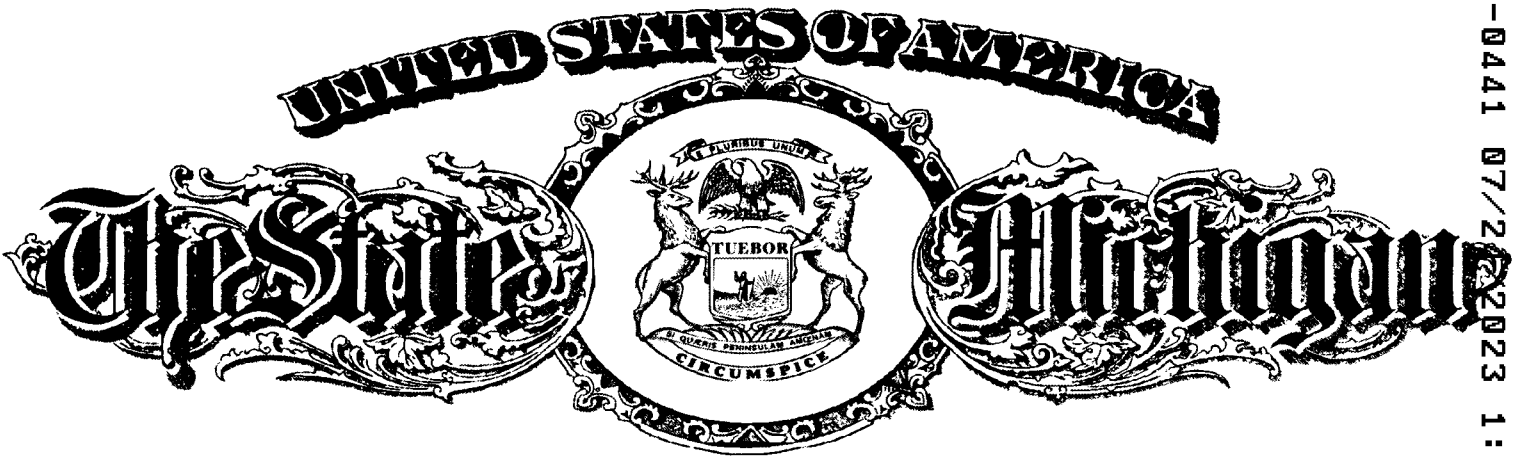
Typed Name: Leanne Sherred

Signature: Leanne Sherred

Capacity: President

B0823-0440 07/24/2023 1:27 PM Received by Office of the Idaho Secretary of State

B0823-0441 07/27/2023 1:27 PM Received by Office of the Idaho Secretary of State



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

This is to Certify That

**EXPRESSABLE THERAPY, P.C.**

was validly incorporated on February 16 , 2022 as a Michigan DOMESTIC PROFESSIONAL CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of July , 2023.

*Linda Clegg*  
Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23070391003