



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 #: 0004773929

Date Filed: 6/6/2022 11:54:00 AM

Prime Care NW LLC

1. The name of the entity is: _____
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. 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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
4. Jurisdiction of formation: Delaware
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
157 W Hayden ave #202 Hayden, Idaho 83835
(Street Address)
1423 N. Molter Rd #190 Liberty Lake, WA 99019
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Paracorp Incorporated 921 S Orchard Street #G Boise, ID 83705 Ada County
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Andrew Odle</u>	<u>member</u>	<u>1423 N. Molter Rd #190 Liberty Lake WA 99019</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Secretary of State use only

Typed Name: Andrew Odle

Signature:

Capacity: Member

Delaware

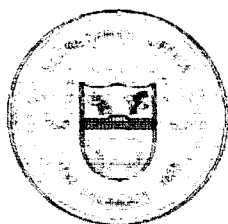
The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME CARE NW LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIME CARE NW LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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SR# 20222490790

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

A handwritten signature of Jeffrey W. Bullock, Secretary of State of Delaware, over a horizontal line.

Authentication: 203552743

Date: 05-31-22

B0697-8490 06/06/2022 11:54 AM Received by ID Secretary of State Lawrence Denney