



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 #: 0004073993

Date Filed: 11/24/2020 9:36:00 AM

1.	The name of the entity is: CORNERSTONE HEALTHCARE SERVICES, LLC			
2.	The name which it shall use in Idaho is:			
3.	Select the type of entity you wish Business Corporation Nonprofit Corporation Limited Liability Partnership Limited Liability Company	☐ Genera☐ Genera☐ Limited	al Partnership al Cooperative A I Partnership (In	s, only if you are required to adopt an arten are name) ssociation cluding a limited liability limited partnership ss Trust, or Common-law Business Trust
	Other:	// too "Others" o	alvifusus familias as	this tree is not listed above and aster the tree base.
4.	Jurisdiction of formation: WASHI		rily il your lareign ei	ntity type is not listed above, and enter the type here.)
	(Provide the domestic jurisdiction where the entity was formed) The address of its principal office is: 3220 ROSEDALE ST NW STE 200, GIG HARBOR, WA, 98335 Street Address)			
3.	(Mailing Address if different) The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: 3220 ROSEDALE ST NW STE 200, GIG HARBOR, WA, 98335			
	(Mailing Address, if different)			
7.	The mailing address to which correspondence should be addressed, if different from item 5, is: 921 S Orchard Street, Suite G, Boise, ID 83705 Address Name and street address of registered agent in Idaho: National Registered Agents, Inc., 921 S Orchard Street, Suite G, Boise, ID 83705			
3 .				
).	The name, capacity, and mailing a	address of at leas	st one governor:	
	WILLIAM MASTERSON GOVERNOR 3220 ROSEDALE ST NW STE 200, GIG HARBOR, WA, 98335			
	Markey.	(Capa tity)	o'.defress)	
	Name	placaciay)	(, ddress)	
				Secretary of State use only
1	yped Name: WILLIAM MASTERS	SON		
	Signature: M/Mmt	~		
	Capacity: GOVERNOR			
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I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CORNERSTONE HEALTHCARE SERVICES, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/08/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 11/23/2020 UBI Number: 604 158 310



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman. Secretary of State

Kim Ulyna

Date Issued: 11/23/2020