

# State of Idaho

Office of the Secretary of State

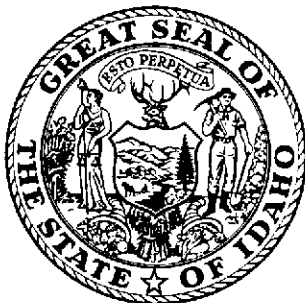
CERTIFICATE OF REGISTRATION  
OF  
MEDOVA HEALTHCARE FINANCIAL GROUP, LLC

File Number W 155061

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: August 14, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By *Sheryl Beckman*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2015 AUG 14 AM 8:46  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Medova Healthcare Financial Group, LLC

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:
- Business Corporation
  - Nonprofit Corporation
  - Limited Liability Partnership
  - Limited Liability Company
  - Other: \_\_\_\_\_  
(Provide unlisted foreign entity type here)
  - General Partnership
  - General Cooperative Association
  - Limited Partnership (Including a limited liability limited partnership)
  - Statutory Trust, Business Trust, or Common-law Business Trust

4. Jurisdiction of formation: Kansas  
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

<u>345 N. Riverview, Suite 600</u> <small>(Street Address)</small>	<u>Wichita</u> <small>(City)</small>	<u>KS</u> <small>(State)</small>	<u>83705</u> <small>(Zipcode)</small>
<u>Same</u> <small>(Mailing Address, if different)</small>	<u>Wichita</u> <small>(City)</small>	<u>KS</u> <small>(State)</small>	<u>83705</u> <small>(Zipcode)</small>

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

<u>345 N. Riverview, Suite 600</u> <small>(Street Address)</small>	<u>Wichita</u> <small>(City)</small>	<u>KS</u> <small>(State)</small>	<u>83705</u> <small>(Zipcode)</small>
<u>Same</u> <small>(Mailing Address, if different)</small>	<u>Wichita</u> <small>(City)</small>	<u>KS</u> <small>(State)</small>	<u>83705</u> <small>(Zipcode)</small>

7. The address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address) (City) (State) (Zipcode)

8. Name and street address of registered agent in Idaho:

<u>National Registered Agents, Inc.</u> <small>(Name)</small>	<u>921 S Orchard Street, Suite G,</u> <small>(Address)</small>	<u>Boise</u> <small>(City)</small>	<u>ID</u> <small>(State)</small>	<u>83705</u> <small>(Zipcode)</small>
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9. The name, capacity, and mailing address of at least one governor:

<u>Daniel L. Whitney</u> <small>(Name and capacity)</small>	<u>345 N. Riverview, Suite 600</u> <small>(Address)</small>	<u>Wichita</u> <small>(City)</small>	<u>KS</u> <small>(State)</small>	<u>83705</u> <small>(Zipcode)</small>
_____ <small>(Name and capacity)</small>	_____ <small>(Address)</small>	_____ <small>(City)</small>	_____ <small>(State)</small>	_____ <small>(Zipcode)</small>
_____ <small>(Name and capacity)</small>	_____ <small>(Address)</small>	_____ <small>(City)</small>	_____ <small>(State)</small>	_____ <small>(Zipcode)</small>

Typed Name: Daniel L. Whitney

Signature: \_\_\_\_\_

Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE  
**08/14/2015 05:00**  
 CK: 3706 CT: 303713 BH: 1488089  
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 W155061

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3391489

Entity Name: MEDOVA HEALTHCARE FINANCIAL GROUP, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

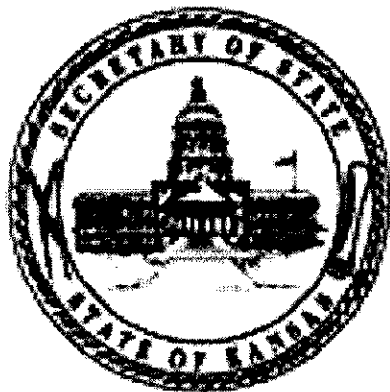
State of Organization: KS

Resident Agent: DANIEL L. WHITNEY

Registered Office: 345 NORTH RIVERVIEW SUITE 600, WICHITA, KS 67203

was filed in this office on November 13, 2002, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 11, 2015

A handwritten signature in black ink that reads "Kris W. Kobach".

**KRIS W. KOBACH**  
**SECRETARY OF STATE**

Certificate ID: 680266 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.