

# State of Idaho

Office of the Secretary of State

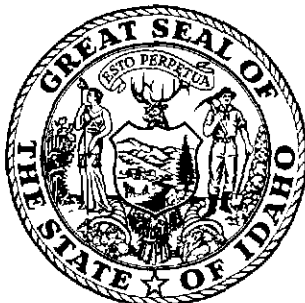
**CERTIFICATE OF REGISTRATION  
OF  
BEND COUNSELING & BIOFEEDBACK, INC.**

File Number C 214225

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: June 19, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By \_\_\_\_\_

*[Signature]*

202



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 JUN 19 AM 10:16

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Bend Counseling & Biofeedback, Inc.
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 checked="" 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

☐ Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Oregon  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
33 NW Irving Avenue, Bend, OR 97703  
(Street Address)  
\_\_\_\_\_  
(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:  
7044 E. Sky Bar Street, Boise, ID 83716  
(Address)
8. Name and street address of registered agent in Idaho:  

<u>Jill Wild</u>	<u>7044 E. Sky Bar Street, Boise, ID 83716</u>
(Name)	(Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>Randy Wild</u>	<u>President</u>	<u>7044 E. Sky Bar Street, Boise, ID 83716</u>
(Name)	(Capacity)	(Address)
<u>Jill Wild</u>	<u>VP/Secretary</u>	<u>7044 E. Sky Bar Street, Boise, ID 83716</u>
(Name)	(Capacity)	(Address)

Typed Name: Jill Wild

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

Capacity: VP/Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

06/19/2017 05:00

CK:13667186 CT:172099 BH:1589488  
10 100.00 = 100.00 FOR REG ST #2

C214225

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 453B567R7

*I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said  
State, do hereby certify:*

**BEND COUNSELING & BIOFEEDBACK, INC.**

is

Incorporated

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in cursive script, appearing to read "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

6/13/2017