


STATE OF IDAHO
Office of the secretary of state, Phil McGrane
FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

 Idaho Secretary of State
 PO Box 83720
 Boise, ID 83720-0080
 (208) 334-2301
 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005376742

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Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below) Expedited (+\$40; filing fee \$140)

1. The name this limited liability company will use in Idaho is:

 Type of Limited Liability Company Foreign Limited Liability Company
 Entity name Healthcare Planning of America, LLC
 Healthcare Planning of America, LLC

2. Home Jurisdiction

The jurisdiction of formation is: NORTH CAROLINA

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

Street Address None

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

Mailing Address None

5. The complete street address of the principal office is:

 Principal Office Address 500 W MAIN ST
 LOUISVILLE, KY 40202

6. The mailing address of the principal office is:

 Mailing Address 500 W MAIN ST
 LOUISVILLE, KY 40202

7. Registered Agent Name and Address

 Registered Agent C T CORPORATION SYSTEM
 Commercial Registered Agent
 Physical Address
 1555 W SHORELINE DR
 STE 100
 BOISE, ID 83702
 Mailing Address
 1555 W SHORELINE DR
 STE 100
 BOISE, ID 83702

 I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
Rees Financial LLC	Member	500 W MAIN ST LOUISVILLE, KY 40202
Joseph M Ruschell	Vice President, Associate General Counsel & Corporate Secretary	500 W MAIN ST LOUISVILLE, KY 40202

Signature of individual authorized by the entity to sign:



Joseph M. Ruschell

Sign Here

08/31/2023

Date

Job Title: Vice President, Associate General Counsel & Corporate Secretary



NORTH CAROLINA

Department of the Secretary of State

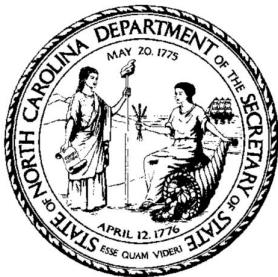
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

HEALTHCARE PLANNING OF AMERICA, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 19th day of March, 2020

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of August, 2023.

Secretary of State