

State of Idaho

Office of the Secretary of State

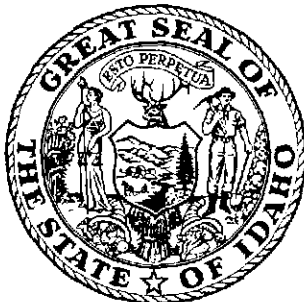
**CERTIFICATE OF REGISTRATION
OF
THE MEMORIAL HEALTH FOUNDATION INC**

File Number C 210148

I, LAWERENCE 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 13, 2016



Lawrence Denney
SECRETARY OF STATE

By _____

Jeff Haring

202



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2016 JUN 13 PM 2:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: The Memorial Health Foundation Inc
2. The name which it shall use in Idaho is: _____
(Enter a name used, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
☐ Business Corporation ☐ General Partnership
☒ Nonprofit Corporation ☐ General Cooperative Association
☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)
☐ Limited Liability Company ☐ 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 name.)
4. Jurisdiction of formation: Indiana
(Provide the state or country jurisdiction where the entity was formed)
5. The address of its principal office is:
615 N. Michigan Street South Bend IN 46601
 (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:
615 N. Michigan Street South Bend IN 46601
 (Street Address)
 (Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:
 (Address)
8. The name of the registered agent and street address of registered agent in Idaho:
InCorp Services, Inc. 1524 S. Vista Ave, Suite 12 Boise ID 83705-2536
 (Name) (Address)
9. The name, capacity, and mailing address of at least one governor:
Philip A. Newbold President 615 N. Michigan Street South Bend IN 46601
 (Name) (Capacity) (Address)

Signature:

Typed Name: Philip A. NewboldCapacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

06/13/2016 05:00

CK:3940758 CT:172099 BH:1532904

1@ 100.00 = 100.00 FOR REG ST #2

C210148

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

THE MEMORIAL HEALTH FOUNDATION INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 30, 1981, and was in existence or authorized to transact business in the State of Indiana on June 08, 2016.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 08, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

198112-853 / 201632480

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>