

# State of Idaho

Office of the Secretary of State

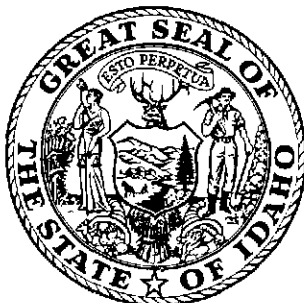
**CERTIFICATE OF REGISTRATION  
OF  
FREE CHOICE HEALTHCARE FOUNDATION  
dba FREE CHOICE HEALTHCARE FOUNDATION INC.**

File Number C 214288

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 26, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By *Abearny*



# 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 26 PM 4:41

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Free Choice Healthcare Foundation
2. The name which it shall use in Idaho is: Free Choice Healthcare Foundation INC.  
(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      ☐ 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 here.)
4. Jurisdiction of formation: Delaware  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
5959 N Claret Cup Way Meridian, ID 83646  
 (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:  
 \_\_\_\_\_  
 (Address)
8. Name and street address of registered agent in Idaho:  
Indepth Solutions, INC.      2710 Sunrise Rim Road Suite 230 Boise, ID 83705  
 (Name)      (Address)
9. The name, capacity, and mailing address of at least one governor:  

<u>Jeff Ogletree</u>	<u>Director</u>	<u>6700 N Linder Rd Suite 156-106 Meridian, ID 83646</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Jeffrey Ogletree

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

Capacity: Director

Secretary of State use only

IDAHO SECRETARY OF STATE

06/27/2017 05:00

CK:13761770 CT:172099 BH:1590845  
1G 100.00 = 100.00 FOR REG ST #2

C214288

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FREE CHOICE HEALTHCARE FOUNDATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.



5388855 8300C

SR# 20174862809

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202779930

Date: 06-26-17