

State of Idaho

Office of the Secretary of State

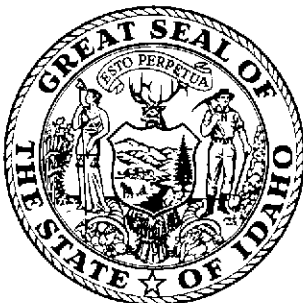
**CERTIFICATE OF REGISTRATION
OF
ADAU GEO HEALTHCARE SOLUTIONS, LLC**

File Number W 185428

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 28, 2017



Lawrence Denney
SECRETARY OF STATE

By _____

[Signature]



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 28 AM 10: 43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Adaugeo Healthcare Solutions, 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 ☐ 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: Oregon
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
2460 SW Perkins Avenue, Pendleton, OR 97801
 (Street Address)
P. O. Box 1517, Pendleton, OR 97801
 (Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
8660 W. Emerald Street, #102, Boise, ID 83704
 (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:
Tom Kennedy 229 Swiftwater Rd Kooskia, ID 83539
 (Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Tom Kennedy</u>	<u>Manager</u>	<u>P. O. Box 1517, Pendleton, OR 97801</u>
(Name)	(Capacity)	(Address)

_____ (Name)	_____ (Capacity)	_____ (Address)
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Typed Name: Tom Kennedy

Signature: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/28/2017 05:00

CK:29136 CT:241101 BH:1591106
IG 100.00 = 100.00 FOR REG ST #2

W185428

State of Oregon

*OFFICE OF THE SECRETARY OF STATE
Corporation Division*

Certificate of Existence 727U789A7

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

ADAUCEO HEALTHCARE SOLUTIONS, LLC

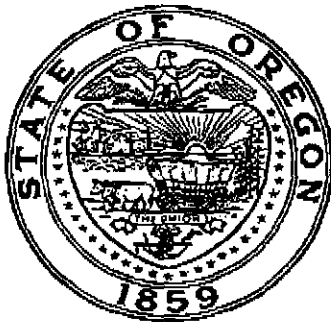
is

Organized

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, reading "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

6/12/2017