







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney FOREIGN REGISTRATION STATEMENT (BUSINESS

**CORPORATION)** 

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

For Office Use Only

-FILED-

File #: 0004000684

Date Filed: 9/10/2020 8:15:02 AM

| Foreign Registration Statement (Business Corporation)  Select one: Standard, Expedited or Same Day Service descriptions below)                              | vice (see Sta | andard (filing fee \$100)                              |  |
|---|---------------|--|--|
| The name this business corporation will use in Idaho is:  |               |  |  |
| Type of Corporation   |               | reign Professional Business Corporation                |  |
| Entity name   |               | otum Medical Services, P.C.                            |  |
| The name of the business corporation in its home jurisdiction as shown on the attached certificate of existence/good standing: Optum Medical Services, P.C. |               |  |  |
| Upload or Mail a one page PDF of a Certificate of Existence/Good Standing from the home jurisdiction dated within 90 days of today.                         |               |  |  |
| Profession  The business is organized to practice the profession  | n of: Me      | edicine  |  |
| Home Jurisdiction     The jurisdiction of formation is:   |               | ORTH CAROLINA  |  |
| 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:                                       |               |  |  |
| Street Address  | No            | one  |  |
| The mailing address of its domestic principal office (if required by Mailing Address  |               | tion of formation) is:<br>one                          |  |
| The complete street address of the principal office is:   |               |  |  |
| Principal Office Address  |               | EBRA RUEN<br>000 OPTUM CIRCLE<br>DEN PRAIRIE, MN 55344 |  |
| 6. The mailing address of the principal office is:  |               |  |  |
| Mailing Address   |               | DEBRA RUEN   |  |
|   |               | 00 BREN RD E<br>NNETONKA, MN 55343-9664                |  |
| 7. Registered Agent Name and Address  |               |  |  |
| C PI  |               | CORPORATION SYSTEM                                     |  |
|   |               | ommercial Registered Agent                             |  |
|   |               | ysical Address<br>1 S ORCHARD ST                       |  |
|   |               | EG   |  |
| BOISE, ID 83705   |               |  |  |
|   |               | iling Address  |  |
|   |               | 1 S ORCHARD ST   |  |
| STE G<br>BOISE, ID 83705  |               |  |  |
| ☐ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  |               |  |  |
| 8. Governors  |               |  |  |
| Name  | Title         | Address  |  |
|   | Director      | DEBRA RUEN   |  |

9900 BREN ROAD EAST

MINNETONKA, MN 55343

MN008-T502



Signature of individual authorized by the entity to sign:

Heather A. Lang
09/11/2020

Sign Here
Date

Job Title: Secretary



## NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

## **OPTUM MEDICAL SERVICES, P.C.**

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of November, 2011, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

of Raleigh, this 8th day of September, 2020.

Claime 4. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

**Secretary of State**