



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

-FILED-

File #: 0004824314

Date Filed: 7/15/2022 2:15:00 PM

1. The name of the entity is: Care Planning Institute, Inc.
2. The name which it shall use in Idaho is: Care Planning Institute 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:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
4. Jurisdiction of formation: California
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
7545 Irvine Center Drive, Suite 200, Irvine, CA. 92618.
(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:
7545 Irvine Center Drive, Suite 200, Irvine, CA. 92618.
(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:
Kenny Anderson. 72 North, 4500 East, Rigby, ID. 83442.
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Geoffrey Dunning</u>	<u>President</u>	<u>7545 Irvine Center Drive, Suite 200, Irvine, CA. 92618.</u>
(Name)	(Capacity)	(Address)

(Name) (Capacity) (Address)

Secretary of State use only

Typed Name: Geoffrey Dunning

Signature: _____

Capacity: President, CEO



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	CARE PLANNING INSTITUTE INC.
Entity No.:	3759892
Registration Date:	02/23/2015
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 29, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 026002317

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.