# State of Idaho

Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

# CROSSOVER HEALTH MEDICAL GROUP, APC dba CROSSOVER HEALTH MEDICAL GROUP, PC

File Number C 216352

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: January 18, 2018

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SECRETARY OF STATE



Rev. 08/2015

### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in <u>duplicate</u>.

2018 JAN 18 PM 3: 04

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity is: Crossover Health Medical Group, APC					
2.	The name which it shall use in Idaho is: Crossover Health Medical Group, PC					
5. 3.	Select the type of entity you wish to register:  Business Corporation  General Partnership  General Cooperative Association					
<b>J</b> .						
	☐ Limited Liability Partnership					
	☐ Statutory Trust, Business Trust, or Common-law Business Trust					
	, , ,		-			
	Other: A Professional Cor (Use "Other" only if your for	poration reign entity type is t	not listed above, and e	nter lhe i	voe here.)	
1	buildiction of formation: California					
•	(Provide the domesor jurisdiction where the chury was formed)					
5. The address of its principal office is:					•	
	101 W Avenida Vista, Ste. 120, San Clemente, CA 92673					
	(Street Address)					
	(Mailing Address, if different)					
<b>3</b> .	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:					
•	101 W Avenida Vista, Ste. 120, San Clemente, CA 92673					
	(Street Address)					
	<u> </u>					
	(Mailing Address, if different)					
,	The mailing address to which correspondence should be addressed, if different from item 5, is:					
•	···- ··- ··- ··- · · · · · · · · · · ·					
	(Address)				· · · · · · · · · · · · · · · · · · ·	
3	Name and street address of registered agent <u>in Idaho</u> :					
,.						
	I. Kevin West 800 W Main St., Ste. 1300, Boise, ID 83702 (Name) (Address)					
	(1-5)	(AC	Juless)			
},	The name, capacity, and mailing address of at least one governor:					
	Scott Shreeve, M.D.	CEO	101 W Ave	nida \	/ista, Ste. 120, San Clemente, CA 92673	
	(Name)	(Capacity)	(Address)			
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	(Name)	(Capacity)	(Address)			
					IDAHO SECRETARY OF STATE	
				1	01/18/2018 05:00	
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	Capacity, VIII			1 20	,	

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

CROSSOVER HEALTH MEDICAL GROUP, APC

FILE NUMBER: FORMATION DATE: C3292091

04/21/2010

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 January 11, 2018.

> ALEX PADILLA Secretary of State