

State of Idaho

Office of the Secretary of State

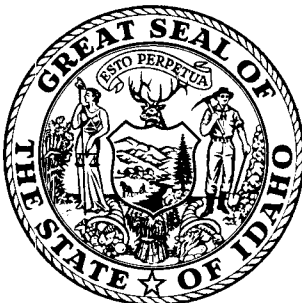
**CERTIFICATE OF REGISTRATION
OF
GENESIS ELDERCARE REHABILITATION SERVICES, LLC**

File Number W 171474

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: September 6, 2016



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.

2016 SEP -6 PM 2:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Genesis ElderCare Rehabilitation Services, 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:

<input 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 checked="" 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: Pennsylvania
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
101 E. State Street, Kennett Square, PA 19348
(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:
101 E. State Street, Kennett Square, PA 19348
(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:
Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>GHC Ancillary Corporation</u>	<u>member</u>	<u>101 E. State Street, Kennett Square, PA 19348</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Michael Berg

Signature: _____

Capacity: Assistant Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

09/06/2016 05:00

CK: PREPAID CT: 1157 BH: 1545128
1@ 100.00 = 100.00 FOR REG ST #2

W171474

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/02/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Genesis ElderCare Rehabilitation Services, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160902171379-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>