State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

CARAVAN HEALTH

dba CARAVAN HEALTH CORPORATION

File Number C 213089

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: March 13, 2017

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SECRETARY OF STATE

By



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.



1.	. The name of the entity is: Caravan Health					
2.	Caravan Haalth Corneration					
3.	Select the type of entity you wish to register: (Enter a name here only if you are required to acopt an alternate name)					
☑ Business Corporation ☐ General Partnership						
	☐ Nonprofit Corporation	·				
	☐ Limited Liability Partnership	·				
☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Com						
	☐ Other:	Other:				
	(Usc "Other" anly it your foreign or	ntity type is <u>not</u>	listed above, and ent	er the	type hore.)	
4.	Jurisdiction of formation: California (Provide the domestic jurisdiction where the entity was formed)					
5.	The address of its principal office is:				are the chility was knimed;	
7509 NW Tiffany Springs Parkway, Suite 310						
	(Street Address)					
	Kansas City, MO 64153					
	(Mailing Address, if different)					
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:					
	46 Shattuck Square, Suite 21					
	(Street Address) Berkeley, California 94704					
	(Mailing Address, if different)					
7. The mailing address to which correspondence should be addressed, if different from item 5, is:					different from item 5, is:	
	(Address)					
8.	Name and street address of registered	ame and street address of registered agent <u>in Idaho</u> :				
	Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID				ive. Suite 100. Boise. ID 83713	
	(Name) (Address)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9.	The name, capacity, and mailing address of at least one governor:					
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	<u> </u>	pacity)	(Address)	. oqi	uare, Suite 21, Berkeley, CA 94704	
	((vanie)	pauty	(Address)			
	(Name) (Cai	pacity;	(Address)			
	(80)	poons,		Г		
				슬	IDAMO SECRETARY OF STATE	
	yped Name: Anthony D. Gillette				03/13/2017 05:00	
					CK:16442014 CT:328607 BH:1573429 16 100.00 = 100.00 FOR REG ST #2	
Signature:						
(213089					C213089	
Typed Name: Anthony D. Gillette Signature: Secretary Capacity: Secretary						
				S _S		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CARAVAN HEALTH

FILE NUMBER:

C3560647

FORMATION DATE:

04/16/2013

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 February 06, 2017.

ALEX PADILLA Secretary of State