







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 #: 0004448500

Date Filed: 10/18/2021 12:02:11 PM

Address

4311 WILSHIRE BLVD.

LOS ANGELES, CA 90010

UNIT 419

Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
The name this business corporation will use in Idaho is:	
Type of Corporation	Foreign Professional Business Corporation
Entity name	DRIPHYDRATIONWA, P.C.
The name of the business corporation in its home jurisdiction as DRIPHYDRATIONWA, "P.C."	shown on the attached certificate of existence/good standing:
Upload or Mail a one page PDF of a Certificate of Existence/Goo Standing from the home jurisdiction dated within 90 days of today	
Profession	
The business is organized to practice the profession of:	Medicine
2. Home Jursidiction	
The jurisdiction of formation is:	WASHINGTON
3. The street address of its domestic principal office (if required by the laws of the	jurisdiction of formation) is:
Street Address	111 1ST AVE. S
	APT. 406
	SEATTLE, WA 98104
4. The mailing address of its domestic principal office (if required by the laws of the	e jurisdiction of formation) is:
Mailing Address	None
5. The complete street address of the principal office is:	
Principal Office Address	111 1ST AVE. S
·	APT. 406
	SEATTLE, WA 98104
6. The mailing address of the principal office is:	
Mailing Address	111 1ST AVE S
	APT 406 SEATTLE, WA 98104-3469
	SEATTLE, WA 30104-3403
7. Registered Agent Name and Address	INCORD CERVICES INC
Registered Agent	INCORP SERVICES, INC. Commercial Registered Agent
	Physical Address
	1310 S VISTA AVE STE 27
	BOISE, ID 83705
	Mailing Address
	1310 S VISTA AVE STE 27 BOISE, ID 83705
★ I affirm that the registered agent appointed has consented to	o serve as registered agent for this entity.

Title

Director, President, Vice-President, Secretary, Treasurer

Signature of individual authorized by the entity to sign:

Name

Abraham Malkin



Abraham Malkin	10/18/2021
Sign Here	Date
Job Title: President	

* and the

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DRIPHYDRATIONWA, "P.C."

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/04/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/18/2021 UBI Number: 604 469 274



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 10/18/2021