





Office of the secretary of state, Phil McGrane FOREIGN REGISTRATION STATEMENT (LIMITED

LIABILITY COMPANY)
Idaho Secretary of State

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005364234

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Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see

descriptions below)

Standard (filing fee \$100)

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Foreign Limited Liability Company

Entity name

Neighborhood Care, LLC

Neighborhood Care, LLC

2. Home Jurisdiction

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

15515 E TALLMAN RD CHATTAROY, WA 99003

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

15515 E TALLMAN RD CHATTAROY, WA 99003

5. The complete street address of the principal office is:

Principal Office Address

LISA LAKIN

1250 W. IRONWOOD DRIVE

SUITE 112

COEUR D ALENE, ID 83814

6. The mailing address of the principal office is:

Mailing Address

LISA LAKIN

1250 W IRONWOOD DRIVE

SUITE 112

COEUR D ALENE, ID 83814

7. Registered Agent Name and Address

Registered Agent

Registered Agent Drew T Lakin Physical Address: 68 OLD MAIDS RD BAYVIEW, ID 83803 Mailing Address: DREW LAKIN P O BOX 20157 E PERIMETER RD BAYVIEW, ID 83803

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
Lisa D Lakin	Member	15515 E TALLMAN RD CHATTAROY, WA 99003
Daniel Peter Lakin	Member	15515 E TALLMAN RD CHATTAROY, WA 99003



Chad K Lakin	Member	511 E C STREET DEER PARK, WA 99006
Danielle Lakin	Member	511 E C STREET DEER PARK, WA 99006
Drew T Lakin	Member	DREW LAKIN P O BOX 20157 E PERIMETER RD BAYVIEW, ID 83803

Signature of individual authorized by the entity to sign:		
Lisa Lakin	08/15/2023	
Sign Here	Date	
Job Title: Manager		



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

NEIGHBORHOOD CARE, LLC

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 04/26/2022.

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: 08/15/2023 UBI Number: 604 903 389



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

Steve R. Hobbs, Secretary of State

Date Issued: 08/15/2023