



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

-FILED-

File #: 0004320904

Date Filed: 6/11/2021 2:40:00 PM

1. The name of the entity is: Affordable Care, 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: North Carolina
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
629 Davis Drive, Suite 300, Morrisville, NC 27560
(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:
629 Davis Drive, Suite 300, Morrisville, NC 27560
(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:
National Registered Agents, 921 Orchard Street, Suite G, Boise ID 83705
(Name and Address)

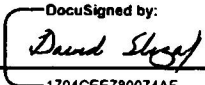
9. The name, capacity, and mailing address of at least one governor:

<u>David Slezak</u>	<u>Member</u>	<u>629 Davis Drive, Suite 300, Morrisville, NC 27560</u>
(Name)	(Capacity)	(Address)

_____ (Name)	_____ (Capacity)	_____ (Address)
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Secretary of State use only

Typed Name: David Slezak

Signature: 
DocuSigned by:
1704CEE780074AF..

Capacity: Member

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NORTH CAROLINA

Department of the Secretary of State

B0613-3697 06/11/2021 2:40 PM Received by ID Secretary of State Lawrence Denney

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AFFORDABLE CARE, LLC

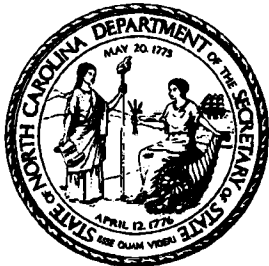
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 22nd day of October, 2015

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of May, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online.