



0004912024

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***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 #: 0004912024

Date Filed: 9/14/2022 1:39:29 PM

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 CS Risk Healthcare, LLC
CS Risk Healthcare, LLC

2. Home Jurisdiction

The jurisdiction of formation is: TENNESSEE

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

Street Address None

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

Mailing Address None

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

Principal Office Address 255 NW BLUE PARKWAY, STE. 102
LEE'S SUMMIT, MO 64063

6. The mailing address of the principal office is:

Mailing Address 255 NW BLUE PKWY
STE 102
LEES SUMMIT, MO 64063-1972

7. Registered Agent Name and Address

Registered Agent CORPORATION SERVICE COMPANY
Commercial Registered Agent
Physical Address
1305 12TH AVE RD
NAMPA, ID 83686
Mailing Address
1305 12TH AVE RD
NAMPA, ID 83686

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

8. Governors

Name	Title	Address
Specialty Program Group, LLC	Member	180 RIVER RD STE 2 SUMMIT, NJ 07901-1474

Signature of individual authorized by the entity to sign:

Christopher Treanor

Sign Here

09/14/2022

Date



Job Title: Authorized Signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

HEATHER FLORES/LICENSING PROS
PO BOX 566
LYNDEN, WA 98264

September 13, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0494430

Issuance Date: 09/13/2022
Copies Requested: 1

Document Receipt

Receipt #: 007498100

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3836036969

\$20.00

Regarding: CS Risk Healthcare, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 12/22/2016

Status: Active

Duration Term: Perpetual

Business County: WILLIAMSON COUNTY

Control #: 880142

Date Formed: 12/22/2016

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CS Risk Healthcare, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 056031820