

State of Idaho

Office of the Secretary of State

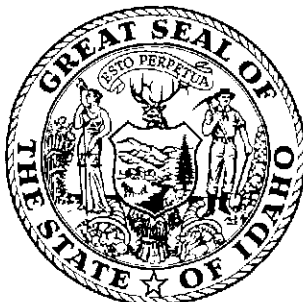
**CERTIFICATE OF REGISTRATION
OF
TRINITY HEALTH CORPORATION**

File Number C 216468

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: January 31, 2018



Lawrence Denney
SECRETARY OF STATE

By

[Signature]

202



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 JAN 31 AM 11: 57

 SECRETARY OF STATE
 STATE OF IDAHO

- The name of the entity is: Trinity Health Corporation
- The name which it shall use in Idaho is: Trinity Health Corporation
(Enter a name here, only if you are required to adopt an alternate name)
- Select the type of entity you wish to register:
☐ Business Corporation
☒ Nonprofit Corporation
☐ Limited Liability Partnership
☐ Limited Liability Company
☐ General Partnership
☐ General Cooperative Association
☐ Limited Partnership (Including a limited liability limited partnership)
☐ Statutory Trust, Business Trust, or Common-law Business Trust
☐ Other: _____
 (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
- Jurisdiction of formation: Indiana
(Provide the domestic jurisdiction where the entity was formed)
- The address of its principal office is:
20555 Victor Parkway Livonia, MI 48152
 (Street Address)

 (Mailing Address, if different)
- The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

 (Street Address)

 (Mailing Address, if different)
- The mailing address to which correspondence should be addressed, if different from item 5, is:

 (Address)
- Name and street address of registered agent in Idaho:
CT Corporation System 921 S. Orchard St., Sre. G Boise, ID 83705
 (Name) (Address)
- The name, capacity, and mailing address of at least one governor:

<u>Paul Neumann</u>	<u>Secretary</u>	<u>20555 Victor Parkway, Livonia, MI 48152</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Paul Neumann

Signature: _____

Capacity: Board Secretary

IDAHO SECRETARY OF STATE

01/31/2018 05:00

 CK:16308308 CT:172099 BH:1624264
 1@ 100.00 = 100.00 FOR REG ST #2
 1@ 20.00 = 20.00 EXPEDITE C #3

C216468

Secretary of State use only

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

TRINITY HEALTH CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 10, 1978, and was in existence or authorized to transact business in the State of Indiana on January 30, 2018.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 30, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>