



STATE OF IDAHO

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 #: 0006169547

Date Filed: 3/24/2025 5:49:06 PM

<p>Foreign Registration Statement (Limited Liability Company)</p> <p>Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)</p>								
<p>1. The name this limited liability company will use in Idaho is:</p> <p>Type of Limited Liability Company Foreign Limited Liability Company</p> <p>Entity name Neighborhood Care, LLC</p> <p>Neighborhood Care, LLC</p>								
<p>2. Home Jurisdiction</p> <p>The jurisdiction of formation is: WASHINGTON</p>								
<p>3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:</p> <p>Street Address LISA LAKIN 15515 EAST TALLMAN ROAD CHATTAROY, WA 99003</p>								
<p>4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:</p> <p>Mailing Address 23801 E APPLEWAY AVE STE 120 LIBERTY LAKE, WA 99019-9687</p>								
<p>5. The complete street address of the principal office is:</p> <p>Principal Office Address 1250 W. IRONWOOD DR SUITE 112 COEUR D'ALENE, ID 83814</p>								
<p>6. The mailing address of the principal office is:</p> <p>Mailing Address 23801 E APPLEWAY AVE STE 120 LIBERTY LAKE, WA 99019-9687</p>								
<p>7. Registered Agent Name and Address</p> <p>Registered Agent Lisa D Lakin Registered Agent Physical Address 1250 W IRONWOOD DR 112 CDA, ID 83814</p> <p>Mailing Address 1250 W IRONWOOD DR STE 112 COEUR D ALENE, ID 83814-2619</p>								
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p>								
<p>8. Governors</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>DREW T LAKIN</td> <td>MEMBER/GOVERNOR</td> <td>23801 E APPLEWAY AVE STE 120 LIBERTY LAKE, WA 99019-9687</td> </tr> </tbody> </table>			Name	Title	Address	DREW T LAKIN	MEMBER/GOVERNOR	23801 E APPLEWAY AVE STE 120 LIBERTY LAKE, WA 99019-9687
Name	Title	Address						
DREW T LAKIN	MEMBER/GOVERNOR	23801 E APPLEWAY AVE STE 120 LIBERTY LAKE, WA 99019-9687						



Signature of individual authorized by the entity to sign:

LISA LAKIN

Sign Here

03/24/2025

Date

Job Title: GOVERNOR/MEMBER/OWNER

UNITED STATES OF AMERICA

The State of Washington

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: 03/24/2025
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: 03/24/2025

