## State of Idaho

Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

MCCALL HEALTHCARE, INC.

File Number C 217918

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: May 23, 2018

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SECRETARY OF STATE

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# 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 MAY 23 AM 10: 55

SECRETARY OF STATE STATE OF IDAMO

| 1. | The name of the entity is: McCa   | Il Healthcare,   | Inc.                |                            |                        |                    |  |
|----|---|--|---------------------|----------------------------|------------------------|--------------------|--|
| 2. | The name which it shall use in Idaho is:  |  |                     |                            |                        |                    |  |
|    |   | (Enter a name here, only if you are required to adopt an alternate name) |                     |                            |                        |                    |  |
| •  | ☑ Business Corporation ☐ General Partnership  |  |                     |                            |                        |                    |  |
|    | ☐ Nonprofit Corporation   | ☐ General Cooperative Association  |                     |                            |                        |                    |  |
|    | ☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership                                      |  |                     |                            |                        |                    |  |
|    | ☐ Limited Liability Company ☐ 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.)  |  |                     |                            |                        |                    |  |
|    | (Use "Other" only if your fore  |  | listed above, and e | nter the                   | type here)             |                    |  |
| 4. | Jurisdiction of formation: Nevad  | (Provide the domestic jurisdiction where the entity was formed)          |                     |                            |                        |                    |  |
| 5. | The address of its principal office is:   |  |                     |                            |                        |                    |  |
|    | 27101 Puerta Real, Ste. 450, Mission Viejo, CA 92691  |  |                     |                            |                        |                    |  |
|    | (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:                                   |  |                     |                            |                        |                    |  |
|    | 701 S. Carson St., Ste. 200, Carson City, NV 89701  |  |                     |                            |                        |                    |  |
|    | (Street Address)  |  |                     |                            |                        |                    |  |
|    |   |  |                     |                            |                        |                    |  |
|    | (Mailing Address, if different)   | (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 <u>in Idaho</u> :   |  |                     |                            |                        |                    |  |
|    | National Registered Agents, Inc. 921 S. Orchard St., Ste. G, Boise, ID 83705  |  |                     |                            |                        |                    |  |
|    | (Name)  | (Add   |                     | Jt., U                     | ie. O, Doise, ID 00700 |                    |  |
| 9. | The name, capacity, and mailing   | address of at les  | est one governo     | <b>.</b> .                 |                        |                    |  |
| ٠. | Soon Burnam   | Treasurer  | _                   |                            | eal, Ste. 450, Mission | Viola CA 02601     |  |
|    | (Name)  | (Capacity)   | (Address)           | ila ix                     | ear, Ste. 450, Mission | vieju, CA 92091    |  |
|    |   |  |                     |                            |                        |                    |  |
|    | (Name)  | (Capacity)   | (Address)           |                            |                        |                    |  |
|    |   |  |                     |                            |                        |                    |  |
|    | •   |  | •                   |                            | TDAHO SECE             | ETARY OF STATE     |  |
|    |   |  |                     | 16                         |                        | 018 05:00          |  |
|    | Typed Name: Soon Burnam   |  |                     | esn (                      | - "                    | 204718 BH:1645274  |  |
|    | $\alpha \gamma \gamma$ |  |                     | State                      |                        | 0.00 FOR REG ST #2 |  |
|    | Signature:  |  | <del></del> _       | y of                       | 10 20.00 = 20.         | OO EXPEDITE C #3   |  |
|    | Capacity: Treasurer   |  |                     | ecretary of State use only |                        |                    |  |
|    | Capacity  |  |                     | 18                         |                        |                    |  |

Rev. 08/2015

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SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MCCALL HEALTHCARE, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 17, 2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 21, 2018.

Barbara K. Cegavske
Secretary of State

Electronic Certificate Certificate Number: C20180521-1197