

# State of Idaho

Office of the Secretary of State

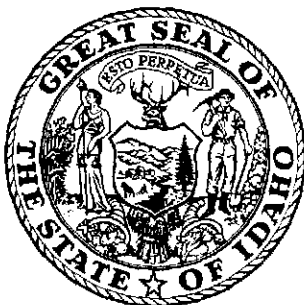
**CERTIFICATE OF REGISTRATION  
OF  
SUNBRIDGE HEALTHCARE, LLC**

File Number W 159679

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: December 18, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By *Beary*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2015 DEC 18 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: SunBridge Healthcare, LLC
2. The name which it shall use in Idaho is: SunBridge Healthcare, LLC  
(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: New Mexico  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
101 E. State Street Kennett Sq PA 19348  
(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:  
101 Sun Avenue NE Albuquerque NM 87109  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
101 E. State Street Kennett Sq PA 19348  
(Address)
8. Name and street address of registered agent in Idaho:  
Corporation Service Company 12550 W Explorer Dr Ste 100 Boise, ID 83713  
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>Thomas DiVittorio</u>	<u>Member</u>	<u>101 E. State Street Kennett Sq PA 19348</u>
(Name)	(Capacity)	(Address)
<u>George V. Hager</u>	<u>Member</u>	<u>101 E. State Street Kennett Sq PA 19348</u>
(Name)	(Capacity)	(Address)

Typed Name: Thomas DiVittorio

Signature: [Signature]

Capacity: Member

Secretary of State use only

IDAHO SECRETARY OF STATE

12/18/2015 05:00

CK:2356828 CT:266634 BH:1504776

1@ 100.00 = 100.00 FOR REG ST #2

1@ 20.00 = 20.00 CORP SUR #3

1@ 20.00 = 20.00 EXPEDITE C #4

W159679

# OFFICE OF THE SECRETARY OF STATE NEW MEXICO

## *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

**SUNBRIDGE HEALTHCARE, LLC**

**1416049**

An organization organized under the laws of New Mexico is duly authorized to transact business in New Mexico, as a Domestic Limited Liability Company, under the

**Limited Liability Company Act - (53-19-1 To 53-19-74 NMSA 1978)**

having filed its Articles Of Organization on December 7, 1988 and Certificate Of Organization issued as of said date.

It is further certified that the fees due the Office of the Secretary of State which have been assessed against the above named entity, have been paid to date and is in corporate good standing and duly authorized to transact business as its corporate existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entities financial condition or business activities and practices.

This good standing status expires when existence ceases as provided by law.

Certificate issued on **November 30, 2015**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the city of Santa Fe, and the seal of said office to be affixed hereto.**

*Mary Quintana*

**Mary Quintana  
Acting Secretary of State**

