

State of Idaho

Office of the Secretary of State

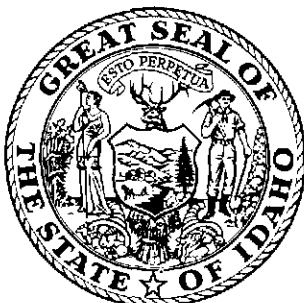
**CERTIFICATE OF REGISTRATION
OF
REGIONAL CARE, INC.**

File Number C 213926

I, LAWRENCE 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, 2017



Lawrence Denney
SECRETARY OF STATE

By *Jerry Robles*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2017 MAY 23 PM 3: 24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Regional Care, 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)

3. Select the type of entity you wish to register:

- | | |
|--|--|
| <input checked="" 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 type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 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.)

4. Jurisdiction of formation: Nebraska
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
905 W. 27th Street, Scottsbluff, NE 69361
(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:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. The name of the registered agent and street address of registered agent in Idaho:
C T Corporation System 921 S Orchard Street, Suite G, Boise, Idaho 83705
(Name) (Address)

9. The name, capacity, and mailing address of at least one governor:

<u>Beverly Begovich</u>	<u>President</u>	<u>905 W 27th Street, Scottsbluff, NE 69361</u>
(Name)	(Capacity)	(Address)
<u>John A. Mentgen</u>	<u>Governor</u>	<u>4021 Avenue Bluff, NE 69361</u>
(Name)	(Capacity)	(Address)

Signature: _____

Beverly Begovich

Typed Name: Beverly Begovich

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

05/23/2017 05:00

CK: PREPAID CT: 278665 BH: 1585565
16 100.00 = 100.00 FOR REG ST #2

C213926

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

REGIONAL CARE, INC.

**incorporated on August 31, 1992 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

April 21, 2017



John A. Gale
Secretary of State