

# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

**-FILED-**

File #: 0004751975

Date Filed: 5/18/2022 12:56:00 PM

1. The name of the entity is: Molina Clinical Services, LLC
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 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: Delaware  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
200 Oceangate, Suite 100, Long Beach, CA 90802  
(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. Name and street address of registered agent in Idaho:  
Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686  
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:  
Molina Healthcare, Inc. its Sole Member (Name) (Capacity) (Address) 200 Oceangate, Suite 100, Long Beach, CA 90802

(Name)

(Capacity)

(Address)

Secretary of State use only

Typed Name: Jeff D. Barlow

Designated by:

Signature: Jeff Barlow

2398977707E0419...

Capacity: Secretary of Molina Healthcare, Inc., its sole member

# Delaware

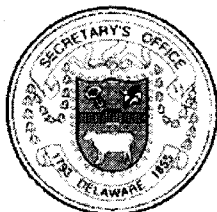
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOLINA CLINICAL SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOLINA CLINICAL SERVICES, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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SR# 20221932780

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203406369

Date: 05-11-22

B0697-6462 05/18/2022 12:56 PM Received by ID Secretary of State Lawrence Denney