



## FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Reset Form

For Office Use Only

**-FILED-**

File #: 0005304496

Date Filed: 7/5/2023 9:19:00 AM

1. The name of the entity is: Kinspire Health P.A.
2. The name which it shall use in Idaho is: Kinspire Health P.A.  
(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
<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:  
3700 Quebec St. #100-311 Denver, CO 80207  
(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:  
CAPITOL CORPORATE SERVICES, INC. 1555 W SHORELINE DR STE 100 BOISE ID 83702  
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:  

<u>Dr. Stuart C. Seigel</u>	<u>President</u>	<u>3700 Quebec St. #100-311 Denver, CO 80207</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Secretary of State use only

Typed Name: Brent Daily

Signature: 

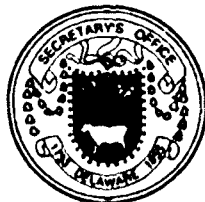
Capacity: COO, Authorized Signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "KINSPIRE HEALTH P.A." IS DULY  
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS  
OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JUNE, A.D. 2023.



7448371 8300

SR# 20232727238

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203535039

Date: 06-12-23

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