



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 #: 0004293084

Date Filed: 5/27/2021 12:06:00 PM

1. The name of the entity is: Northwest Post-Acute Care, P.C.
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
<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: Oregon
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
8511 Fallbrook Ave., Suite 120, West Hills, CA 91304
(Street Address)
265 Brookview Centre Way, Suite 400, Attn: Legal, Knoxville, TN 37919
(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 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:

<u>John R. Stair</u>	<u>Assistant Secret</u>	<u>265 Brookview Centre Way, Suite 400, Knoxville, TN 37919</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Secretary of State use only

Typed Name: John R. Stair

Signature: _____

Capacity: Assistant Secretary

B0613-1311 05/27/2021 12:06 PM Received by ID Secretary of State Lawrence Denney

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 751R584E3

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

NORTHWEST POST-ACUTE CARE, P.C.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

A handwritten signature in black ink, appearing to read 'Shemia Fagan', is written over a horizontal line.

SHEMIA FAGAN, SECRETARY OF STATE

5/25/2021