



## FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

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For Office Use Only

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|    |  |  |  |         |   | 9               |  |
|----|--|--|--|---------|---|-----------------|--|
| 1. | The name of the entity is:   |  | Integrated Rehab Consultants, PLLC     |         |   |                 |  |
| 2. | The name which it shall use in Idaho is:   |  |  |         |   | 20              |  |
| _  | (Enter a name here, only if you are required to adopt an alternate name)   |  |  |         |   | <br>№<br>ω      |  |
| 3. | Select the type of entity you wish to register:  Business Corporation  General Partnership   |  |  |         |   |                 |  |
|    |  |  |  |         | poliption                                       | 2:              |  |
|    | <ul> <li>Nonprofit Corporation</li> <li>☐ General Cooperative Association</li> <li>☐ Limited Liability Partnership</li> <li>☐ Limited Partnership (Including a limited liability limited partnership)</li> </ul> |  |  |         |   | <b>2</b>        |  |
|    |  | Limited Liability Company  Statutory Trust, Business Trust, or Common-law Business Trust |  |         |   |                 |  |
|    | Cother:  |  | Professional Limited Liability Company |         |   |                 |  |
|    | (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)   |  |  |         |   |                 |  |
| 1  | lurindiation of formation:   |  |  |         |   |                 |  |
| 4. | Junsuiction of formation.  | (Provida   | the domestic juri                      | sdictio | Illinois n where the entity was formed)         | <u>ce</u> ive   |  |
| 5. | (Provide the domestic jurisdiction where the entity was formed)  The address of its principal office is:   |  |  |         |   | Ë.              |  |
|    | 401 N. Michigan Ave., Suite 1200, Chicago, IL 60611  |  |  |         |   |                 |  |
|    | (Street Address)   |  |  |         |   | <u></u>         |  |
|    |  |  |  |         |   | <u></u> <u></u> |  |
|    | (Mailing Address, if different)  |  |  |         |   | ~               |  |
| 6. | The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  |  |  |         |   | О<br>Н          |  |
|    |  |  |  |         |   | Н               |  |
|    | (Street Address)   |  |  |         |   | Ű.              |  |
|    |  |  |  |         |   |                 |  |
|    | (Mailing Address, if different)  |  |  |         |   | 0               |  |
| 7. | The mailing address to which correspondence should be addressed, if different from item 5, is:   |  |  |         |   | Н               |  |
|    |  |  |  |         |   | <u></u>         |  |
|    | (Address)  |  |  |         |   |                 |  |
| 8. | Name and street address of registered agent in Idaho:  |  |  |         |   | н               |  |
|    | Cog  | 1555 W. Shoreline Drive Suite 100 Boise, ID 83702  |  |         |   |                 |  |
|    | (Name and Address)   |  |  |         |   | —aho            |  |
| 9. | The name, canacity, and maili  | ng address of at lea   | ast one gover                          | nor     |   | 0               |  |
|    | The name, capacity, and mailing address of at least one governor:  Amish Patel Manager 401 N. Michigan Ave., Suite 1200, Chicago, IL 60611   |  |  |         |   | Ø               |  |
|    | (Name)   | (Capacity)   | (Address)                              | 701     | N. Michigan Ave., Suite 1200, Chicago, IL 00011 | <u>U</u>        |  |
|    | (reality)  | (capasity)   | (* tda. 000)                           |         |   |                 |  |
|    | 10   | /O /L A  | / A . d . d                            |         |   | +               |  |
|    | (Name)   | (Capacity)   | (Address)                              |         | Secretary of State use only                     | <u>1.</u>       |  |
|    |  |  |  |         | ,   | Κ,              |  |
|    |  |  |  |         |   | 0<br>H          |  |
|    |  |  |  |         |   | Н               |  |
|    | Typed Name:  | Amish Patel  |  |         |   | $\alpha$        |  |
|    | 1.21.01.1.00   |  |  |         |   | tat             |  |
|    | Signature: AMISH Patel DO  |  | ćt<br>O                                |         |   |                 |  |
|    |  |  |  |         |   | 10              |  |
|    | Capacity:  | Manager  |  |         |   |                 |  |

## File Number

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## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

## Department of Business Services. I certify that

INTEGRATED REHAB CONSULTANTS, PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 25, 2010, AND HAVING ADOPTED THE ASSUMED NAME OF MEDRINA ON NOVEMBER 04, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of SEPTEMBER A.D. 2023 .

Authentication #: 2324902494 verifiable until 09/06/2024

Authenticate at: https://www.ilsos.gov

Alexi Gianarch