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THE		Title 30, Chapter	21, Idaho Coo	le		File #: 0006225294	
la	ALE OF 19	Base Filing fee: \$100	0.00 + \$20.00 for	manual processing	(form must be		4
1.	The name of	f the entity is: Online	Care Network II F	P.C.			<u>k</u>
2.		name which it shall use in Idaho is:					
		(Enter a name here, only if you are required to adopt an alternate name)					
3.							ы N
	<ul> <li>Business Corporation</li> <li>General Partnership</li> <li>Nonprofit Corporation</li> <li>General Cooperative Association</li> </ul>						
	Limited Liability Partnership     Limited Partnership						ភ
	Limited Liability Company     Statutory Trust, Business Trust, or Common-law Business Trust						PM
	Other:						 ⊽
4.	Jurisdiction (	of formation: Californ		ing a year toronger childy by		to, and other the type field.)	D
	(Provide the domestic jurisdiction where the entity was formed)						ceive
5.	The address of its principal office is:						
	Cynthia Horner, MA, c/o 75 State Street, 26th Floor, Boston, MA 02109 (Street Address)						
							ក្
	(Mailing Address. if different)						
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:						မှို
	(Street Address)						
	(Mailing Address, if different)						
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:						о f
	(Address)						
~	(Address)						D
8.	Name and street address of registered agent <u>in Idaho</u> : Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686						н Д
	(Name and Address)						da
9.	The name	apacity, and mailing a	address of at leas	st one governor:			ō
5.	The name, capacity, and mailing address of at least one governor: Cynthia Horner, MA President/Director c/o 75 State Street, 26th Floor Boston, MA 02109						0 0
	(Name)		(Capacity)	(Address)			ġ
	Anna Neste	erova	Vice President/Director	c/o 75 State Stree	et, 26th Floor Bo	oston, MA 02109	
	(Name)		(Capacity)	(Address)			<u> </u>
						Secretary of State use only	Υ I
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	<b>T</b>		н,				
Typed Name: Anna Nesterova							5 2
	Signature: 👔	Anna H. I	The				1 1 1 1 1
			<u></u>				ወ
	Capacity: Vic	e President					
Rev	ised 01/2019						



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	ONLINE CARE NETWORK II P.C.			
Entity No.:	3498176			
<b>Registration Date:</b>	08/16/2012			
Entity Type:	Stock Corporation - CA - General			
Formed In:	CALIFORNIA			
Status:	Active			

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 21, H 2025.

SHIRLEY N. WEBER, PH.D. Secretary of State

## Certificate No.: 319595328

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.