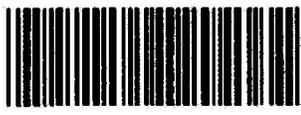


B0476-6101 03/03/2020 11:52 AM Received by ID Secretary of State Lawrence Denney



# 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 #: 0003802532  
Date Filed: 3/3/2020 11:52:00 AM

- The name of the entity is: WEISER REHAB STAFFING, LLC
- The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
- 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.)	
- Jurisdiction of formation: Delaware  
(Provide the domestic jurisdiction where the entity was formed)
- The address of its principal office is: 408 South Eagle Rd Ste 205 Eagle, ID 83616  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
- The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: 9 E. Lockerman Street Suite 311 Dover, DE 19901  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
- The mailing address to which correspondence should be addressed, if different from item 5, is: \_\_\_\_\_  
(Address)
- Name and street address of registered agent in Idaho: Registered Agent Solutions, Inc. 921 S. Orchard St., Ste. G, Boise, Idaho 83705  
(Name and Address)
- The name, capacity, and mailing address of at least one governor:
 

<u>Steve LaForte</u>	<u>Manager</u>	<u>408 South Eagle Rd Ste 205 Eagle, ID 83616</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Steve LaForte  
Signature: \_\_\_\_\_  
Capacity: Manager

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEISER REHAB STAFFING, 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 SECOND DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEISER REHAB STAFFING, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2020.

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



7875283 8300

SR# 20201828486

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

Authentication: 202492866

Date: 03-02-20

B0476-6102 03/03/2020 11:52 AM Received by ID Secretary of State Lawrence Denney