

# State of Idaho

Office of the Secretary of State

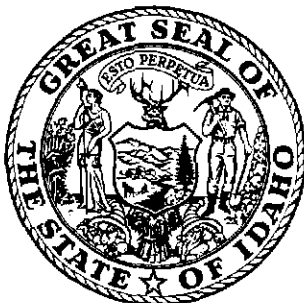
**CERTIFICATE OF REGISTRATION  
OF  
HEALTH SERVICES, LLC**

File Number W 177981

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: February 3, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By *Anna Hutter*

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# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 FEB -3 PM 12: 06

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Health Services, LLC
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:  
☐ Business Corporation      ☐ General Partnership  
☐ Nonprofit Corporation      ☐ General Cooperative Association  
☐ Limited Liability Partnership      ☐ Limited Partnership (Including a limited liability limited partnership)  
☒ Limited Liability Company      ☐ Statutory Trust, Business Trust, or Common-law Business Trust  
☐ Other: \_\_\_\_\_  
 (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Washington  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
1059 E Iron Eagle Drive  
 (Street Address)  
Eagle, ID 83616  
 (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:  
Mike Olsen      1059 E Iron Eagle Drive, Eagle, ID 83616  
 (Name)      (Address)
9. The name, capacity, and mailing address of at least one governor:  

<u>Gregg Olsen</u>	<u>MEMBER</u>	<u>CEO</u>	<u>1059 E Iron Eagle Drive, Eagle, ID 83616</u>
(Name)		(Capacity)	(Address)
_____	_____	_____	_____
(Name)		(Capacity)	(Address)

Typed Name: Gregg OlsenSignature: Capacity: CEOMEMBER

Secretary of State use only

IDAHO SECRETARY OF STATE

02/03/2017 05:00

CK:12854284 CT:172099 BH:1567301  
1@ 100.00 = 100.00 FOR REG ST #2

W177981

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

**CERTIFICATE OF EXISTENCE  
OF  
HEALTH SERVICES, LLC**

I FURTHER CERTIFY that the records on file in this office show that the above named entity  
was formed under the laws of the State of Washington and that its public organic record  
was filed in Washington and became effective on 6/1/2010.

I FURTHER CERTIFY that the entity's duration is Perpetual,  
and that as of the date of this certificate, the records of the Secretary of State  
do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected  
through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: January 26, 2017

UBI: 603-021-752

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

