



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 #: 0003522405

Date Filed: 5/21/2019 12:34:00 PM

B0243-3385 05/21/2019 12:34 PM Received by ID Secretary of State Lawrence Denney

- The name of the entity is: Knowledge Health Medical Services, P.C.
- 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 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.)	
- Jurisdiction of formation: New York
(Provide the domestic jurisdiction where the entity was formed)
- The address of its principal office is:
298 Fifth Avenue Seventh Floor, NY, NY 10001
(Street Address)

(Mailing Address, if different)
- The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
298 Fifth Avenue Seventh Floor, NY, NY 10001
(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:
Cogency Global Inc. 921 S. Orchard Street – Suite G Boise, ID 83705
(Name and Address)
- The name, capacity, and mailing address of at least one governor:

<u>Yehuda Edo Paz</u>	<u>President</u>	<u>298 Fifth Avenue Seventh Floor, NY, NY 10001</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Secretary of State use only

Typed Name: Yehuda Edo Paz

Signature:

Capacity: President

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of KNOWLEDGE HEALTH MEDICAL SERVICES, P.C. was filed on 12/05/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 03rd day of April
two thousand and nineteen.*

A handwritten signature in black ink that reads "Whitney Clark". The signature is written in a cursive style.

Whitney Clark
Deputy Secretary of State