



Revised 01/2019

FOREIGN REGISTRATION STATEMENT

For Office Use Only

-FILED-

File #: 0005429220

		Title 30, Chapter 21, Idaho Code	
6		Base Filing fee: \$100.00 + \$20.00	for manual processing (fo
1.	The name o	f the entity is:	PARA Healtho

Base Filing	g fee: \$100.00 + \$20.00 t	for manual process	sing (<u>form must be typed).</u> Date Filed: 10/3/2023 2:06:00 PN		
The name of the entity is	s:	PARA I	lealthcare Analytics, LLC	<u> </u>	
The name which it shall	name which it shall use in Idaho is:			N O	
(Enter a name here, only if you are required to adopt an alternate name) Select the type of entity you wish to register:					
Business Corporation		N			
Nonprofit Corporation		eral Cooperative As			
Limited Liability Partn	•		luding a limited liability limited partnership	00	
∠ Limited Liability Comp Other:	oany 🗀 Statu	tory Trust, Busines	ss Trust, or Common-law Business Trust	PM	
	(Use "Other	only if your foreign en	tity type is not listed above, and enter the type here.)	꼬	
Jurisdiction of formation	:		Delaware	Ω O	
The address of its princi		e the domestic jurisdict	on where the entity was formed)	no ⊢:	
he address of its principal office is: 6505 Windcrest Drive, Suite 165 Plano, TX 75024					
(Street Address)					
(Mading Address if different)				ک م	
(Mailing Address, if different)		autrod by the leve	of the jurisdiction of formation) in	Q H	
The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:					
(Street Address)				C O	
(Mailing Address, if different)			THE THE TAX AND A STATE OF TAX AND A STA	0	
The mailing address to	which correspondence s	hould be addresse	d, if different from item 5, is:	Н	
(A.J.)			manner are consistent and a second a second and a second		
(Address)					
Name and street address of registered agent <u>in Idaho</u> :					
Cogency Global Inc. 1555 (Name and Address)		1555 VV. Snore	V. Shoreline Drive Suite 100 Boise, ID 83702		
•	d wasiling address of the			ō	
Patrick Leonar	d mailing address of at le d Member	-	5 Windcrest Drive, Suite 165 Plano, TX 75024	ያ2 መ	
(Name)	(Capacity)	(Address)	3 vvindorest Drive, Suite 103 Flamo, 1A 75024	- Ř	
,	x - v =,	, , , , ,		O.	
(Name)	(Capacity)	(Address)		鱼	
			Secretary of State use only	Ϋ́	
				<u>o</u>	
				Н	
yped Name:	Scott Tudor DocuSigned by:			S S	
Signaturo:	Scott Tudor			4	
Signature:	B8A436E3BUD8496			Ö	
Capacity:	Manager				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARA HEALTHCARE ANALYTICS, 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 OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARA HEALTHCARE ANALYTICS, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2019.

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



Authentication: 204283474

Date: 10-02-23