







STATE OF IDAHO

Office of the secretary of state, Phil McGrane FOREIGN REGISTRATION STATEMENT (NONPROFIT CORPORATION)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080

(208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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Foreign Registration	Statement (Nonprofit Corporat	ion)

Select one: Standard, Expedited or Same Day Service (see Standard (filing fee \$100)

descriptions below)

1. The name this nonprofit corporation will use in Idaho is:

Entity name Washington Physicians Health Program, Inc.

Washington Physicians Health Program

2. Home Jurisdiction

WASHINGTON The jurisdiction of formation is:

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address 1200 6TH AVENUE SUITE 850

SEATTLE, WA 98101

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

1200 6TH AVENUE SUITE 850 Mailing Address

SEATTLE, WA 98101

5. The complete street address of the principal office is:

Principal Office Address 1200 6TH AVENUE SUITE 850

SEATTLE, WA 98101

6. The mailing address of the principal office is:

Mailing Address 1200 6TH AVE

STE 850

SEATTLE, WA 98101-3125

7. Registered Agent Name and Address

INCORP SERVICES, INC. Registered Agent

Commercial Registered Agent

Physical Address

1310 S VISTA AVE

STE 28

BOISE, ID 83705

Mailing Address

1310 S VISTA AVE

STE 28

BOISE, ID 83705

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
Sheldon Cooper	Director	1200 6TH AVENUE SUITE 850 SEATTLE, WA 98101
Tom Miller, MD	President	1200 6TH AVENUE SUITE 850 SEATTLE, WA 98101
Kristin Kenny	Treasurer	1200 6TH AVENUE SUITE 850 SEATTLE, WA 98101



Carla Ainsworth, MD	Secretary	1200 6TH AVENUE SUITE 850 SEATTLE, WA 98101				
Signature of individual authorized by the entity to sign:						
Sheldon Cooper Sign Here		07/17/2023 Date				
Job Title: Director		Buto				

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Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

WASHINGTON PHYSICIANS HEALTH PROGRAM

I 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 06/22/1987.

I FURTHER CERTIFY that the entity's duration is , 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 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.

Issued Date: 07/17/2023 UBI Number: 601 032 051



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

Steve R. Hobbs, Secretary of State

Date Issued: 07/17/2023