

# State of Idaho

Office of the Secretary of State

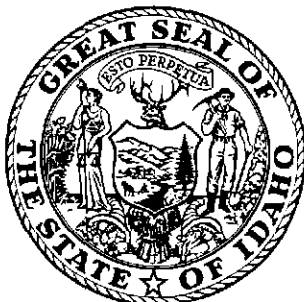
**CERTIFICATE OF REGISTRATION  
OF  
VIRTA MEDICAL P.C.**

File Number C 215168

I, LAWRENCE 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: September 27, 2017



*Lawrence Denney*  
SECRETARY OF STATE  
By *[Signature]*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2017 SEP 27 PM 2:38

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Virta Medical P.C.
2. The name which it shall use in Idaho is: Virta Medical P.C.  
(Enter a name here only if you are required to adopt an alternate name)
3. 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 type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust

☒ Other: Professional Corporation  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: California  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
535 Mission Street, 14th Floor, San Francisco, CA 94105  
(Street Address)  
  
(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. The name of the registered agent and street address of registered agent in Idaho:  
Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713  
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>Michael Scahill, M.D.</u>	<u>President</u>	<u>535 Mission St., 14th Fl, San Francisco, CA 94105</u>
(Name)	(Capacity)	(Address)

(Name)	(Capacity)	(Address)
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Signature: \_\_\_\_\_

*Michael Scahill*

Typed Name: Michael Scahill, M.D.

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

09/27/2017 05:00

CK:PREPAID CT:1157 BH:1604804  
1@ 100.00 = 100.00 FOR REG ST #2  
1@ 20.00 = 20.00 EXPEDITE C #3

C215168

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

VIRTA MEDICAL P.C.

FILE NUMBER: C3883985  
FORMATION DATE: 03/09/2016  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 26, 2017.

ALEX PADILLA  
Secretary of State