



Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

REGISTRY NUMBER:

1360840-92

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FILED
SEP 14 2017

OREGON SECRETARY OF STATE

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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: Aya Healthcare Local, LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION

OR: CERTIFICATE OF EXISTENCE (ATTACHED)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

1127 Broadway Street NE, Suite 310

Salem, OR 97301

3) DATE OF ORGANIZATION: DURATION, IF NOT PERPETUAL:

09/30/2017

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:

5930 Cornerstone Court West, Ste. #300

San Diego, CA 92121

4) STATE OR COUNTRY OF ORGANIZATION:

California

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

5930 Cornerstone Court West, Ste. #300

San Diego, CA 92121

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

10) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

6) NAME OF OREGON REGISTERED AGENT:

Corporation Service Company

[X] This LLC will be member-managed by one or more members.

[ ] This LLC will be manager-managed by one or more managers.

11) EXECUTION: (At least one member or manager must sign.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Title:

09/11/17

Alan Braynin

President

CONTACT NAME: (To resolve questions with this filing.)

Legal Department

PHONE NUMBER: (Include area code.)

858 - 207 - 3132

FEES

Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at FilingInOregon.com, using the Business Name Search program.

AYA HEALTHCARE LOCAL, LLC



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