



6500107



**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**STATEMENT AND DESIGNATION - OUT-OF-STATE  
NONPROFIT CORPORATION**

California Secretary of State  
1500 11th Street  
Sacramento, California 95814  
(916) 657-5448

For Office Use Only

**-FILED-**

File No.: 6500107

Date Filed: 12/31/2024

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Corporation Name Corporation Name	Choices Health Network of NW WI, Inc.
Jurisdiction This Corporation is Originally Formed in	WISCONSIN
Street Address of Principal Office of Corporation Principal Address	1108 PORT ARTHUR ROAD LADYSMITH, WI 54848
Mailing Address of Corporation Mailing Address  Attention	1108 PORT ARTHUR ROAD LADYSMITH, WI 54848
Street Address of California Office of Corporation Street Address of California Office	1401 21ST ST STE R SACRAMENTO, CA 95811
Agent for Service of Process  <input checked="" type="checkbox"/> I certify the selected California Registered Corporate Agent (1505) has agreed to serve as the Agent for Service of Process for this entity.  California Registered Corporate Agent (1505)	REGISTERED AGENTS INC Registered Corporate 1505 Agent
Consent to Service of Process The corporation irrevocably consents to service of process directed to the corporation upon the agent designated and to service of process on the Secretary of State if the agent designated or the agent's successor is no longer authorized to act or cannot be found at the address given.  Consent under this paragraph extends to service of process directed to the out-of-state corporation's agent in this state for a search warrant issued pursuant to California Penal Code section 1524.2, or for any other validly issued and properly served search warrant, for records or documents that are in the possession of the out-of-state corporation and are located inside or outside of this state. This shall apply to a out-of-state corporation that is a party or a nonparty to the matter for which the search warrant is sought. "Properly served" means delivered by hand, or in a manner reasonably allowing for proof of delivery if delivered by United States mail, overnight delivery service, or facsimile to a person or entity listed in California Corporations Code section 2110, or any other means specified by the out-of-state corporation, including, but not limited to, email or submission via an Internet Web portal that the out-of-state corporation has designated for the purpose of service of process.	
Electronic Signature  <input checked="" type="checkbox"/> I am a corporate officer and am authorized to sign on behalf of the corporation.  <i>DArcy Ewer</i> Signature	    <i>12/31/2024</i> Date

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**CHOICES HEALTH NETWORK OF NW WI, INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 23, 1986.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 18, 2024.



KRISTIE PULVERMACHER, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: **405938-57600C81**

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