

 **Secretary of State**  
**Articles of Incorporation of a Nonprofit Mutual Benefit Corporation**

**ARTS-MU**

**IMPORTANT — Read Instructions before completing this form.**

**Filing Fee** - \$30.00  
**Copy Fees** - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00

Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to <https://www.ftb.ca.gov>.

**FILED** *6*  
 Secretary of State  
 State of California  
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*100* This Space For Office Use Only

**1. Corporate Name** (Go to [www.sos.ca.gov/business/be/name-availability](http://www.sos.ca.gov/business/be/name-availability) for general corporate name requirements and restrictions.)

The name of the corporation is Kaiser Foundation for the Advancement of Integrated Health Care

**2. Business Addresses** (Enter the **complete** business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)

a. Initial Street Address of Corporation - <b>Do not enter a P.O. Box</b> One Kaiser Plaza, 19th Floor	City (no abbreviations) Oakland	State CA	Zip Code 94612
b. Initial Mailing Address of Corporation, if <b>different than item 2a</b>	City (no abbreviations)	State	Zip Code

**3. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** - Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State CA	Zip Code

**CORPORATION** - Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b

Corporation Service Company Which Will Do Business In California as CSC-Lawyers Incorporating Service.

**4. Purpose Statement** (Do not alter the Purpose Statement.)

This corporation is a nonprofit **Mutual Benefit Corporation** organized under the Nonprofit Mutual Benefit Corporation Law. The purpose of this corporation is to engage in any lawful act or activity, other than credit union business, for which a corporation may be organized under such law.

**5. Additional Statements** (The following statements are for tax-exempt status in California. See Instructions and Filing Tips.)

a. The specific purpose of this corporation is to advocate for and promote the integrated models of health care

b. Notwithstanding any of the above statements of purposes and powers, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the specific purposes of this corporation.

**6. Read and Sign Below** (This form must be signed by each incorporator. See Instructions. Do not include a title.)

Maryann Bodayle  
 Signature

Maryann Bodayle  
 Type or Print Name