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Colorado Secretary of State  
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### Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101, § 7-102-102, and § 7-101-503 of the Colorado Revised Statutes (C.R.S.)

1. This is a Public Benefit Corporation.

2. The domestic entity name for the corporation is

Precision Health a Public Benefit Corporation

*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

3. The principal office address of the corporation's initial principal office is

Street address

3278 S. Wadsworth Blvd

*(Street number and name)*

1-123

Lakewood

*(City)*

CO

*(State)*

80227

*(ZIP/Postal Code)*

United States

*(Province – if applicable)*

*(Country)*

Mailing address

*(leave blank if same as street address)*

*(Street number and name or Post Office Box information)*

*(City)*

*(State)*

*(ZIP/Postal Code)*

*(Province – if applicable)*

*(Country)*

4. The registered agent name and registered agent address of the corporation's initial registered agent are

Name

*(if an individual)*

*(Last)*

*(First)*

*(Middle)*

*(Suffix)*

or

*(if an entity)*

Precision Health a Public Benefit Corporation

*(Caution: Do not provide both an individual and an entity name.)*

Street address

3278 S. Wadsworth Blvd

*(Street number and name)*

1-123

Lakewood

*(City)*

CO

*(State)*

80227

*(ZIP/Postal Code)*

Mailing address  
(leave blank if same as street address)

3026 W. Prentice Ave

(Street number and name or Post Office Box information)

Unit C

Littleton

(City)

CO

(State)

80123

(ZIP/Postal Code)

(The following statement is adopted by marking the box.)

☒ The person appointed as registered agent above has consented to being so appointed.

5. The purposes for which the corporation was formed are  
Health education and facilitation

6. The true name and mailing address of the incorporator are

Name  
(if an individual)

Walsh

(Last)

Craig

(First)

(Middle)

(Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Mailing address

3026 W. Prentice Ave

(Street number and name or Post Office Box information)

Unit C

Littleton

(City)

CO

(State)

80123

(ZIP/Postal Code)

United States

(Province – if applicable)

United States

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

7. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

☒ The corporation is authorized to issue 100,000,000 common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

☐ Information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

8. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

9. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_.  
(mm/dd/yyyy hour:minute am/pm)

Notice:

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

10. The true name and mailing address of the individual causing the document to be delivered for filing are

<u>Walsh</u>	<u>Craig</u>		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>3026 W. Prentice Ave</u>			
<small>(Street number and name or Post Office Box information)</small>			
<u>Unit C</u>			
<u>Littleton</u>	<u>CO</u>	<u>80123</u>	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
	<u>United States</u>		
<small>(Province – if applicable)</small>	<small>(Country)</small>		

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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