Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H15000069181 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

Please retain original filing

date of submission 319

From:

Account Name : C T CORFORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)205-8842 : (850)979-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FOREIGN PROFIT/NONPROFIT CORPORATION

Adaptive Blotechnologies Corporation

Certificate of Status	0
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H9685

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March 20, 2015

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

C T CORPORATION SYSTEM

SUBJECT: ADAPTIVE BIOTECHNOLOGIES CORPORATION

REF: W15000019685

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

FAX Aud. #: H15000069181 Letter Number: 115A00005622

> *RE-SUBMIT* Please retain origina date of submission 3/19

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: ADAPTIVE BIOTECHNOLOGIES CORE	PORATION
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	nding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Kathleen Determann	
Name of	Person
ADAPTIVE BIOTECHNOLOGIES CORPORATION	
Firm/Cor	npany
1551 Eastlake Ave. E Suite 200	
Add	ress
Scattle, WA 98102	
City/Sune	and Zip code
kdetermann@ndaptivebiotech.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Name of Person at 115	Code & Davime Tolephone Number
V	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certifleate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ADAPTIVE BIOTECHNOLOGIES CORPORATION

"Inc.," "Co.," "Corp," ". Ada anti-	e Laboration			
(If name unavailable in	Florida, enter alternate corporate na	arne adopted for the purpose of transacting business in Florida)	
2. Washington	·	27-090702-1		
	r the law of which it is incorporated) (FEI number, if applicable)		
A 09/08/2009		5. Perpetual		
(Date of inc	orporation)	(Duration: Yeur corp. will cease to exist or "perpetual"	<u>)</u>	
6. 1 March	2015			
0	(Date first transacted busine	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)		
7, 1551 Eastlake Ave. E Se	uite 200 Seattle, WA 98102			
	(Principal office	address)	_	
				0
	(Current mailing	address)	- 15	SIAIO
	(Current mailing	address)		NOISIAID
8. Name and street addi	(Current mailing	·	MAR I	ON OF
		·	MAR 19	ON OF
8. Name and street addi	ress of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	MAR 19 PM	ON OF
Name:	ress of Florida registered agent: CT Corporation System	(P.O. Box NOT acceptable)	MAR 19	
Name:	ress of Florida registered agent: CT Corporation System 1200 South Pine Island Road	(P.O. Box NOT acceptable)	MAR 19 PM 12:	NON OF
Name: Office Address: 9. Registered agent's: Having been named as designated in this applifurther agree to comply	CT Corporation System 1200 South Pine Island Road Plantation (City) acceptance: registered agent and to accept a leation, I hereby accept the apparatuments of all status	(P.O. Box NOT acceptable) Florida	MAR 19 PM 12: 35 he place spacity.	ION OF CORPORATION
Name: Office Address: 9. Registered agent's: Having been named as designated in this applifurther agree to comply duties, and I am familia	CT Corporation System 1200 South Pine Island Road Plantation (City) acceptance: registered agent and to accept a leation, I hereby accept the apparatuments of all status	(P.O. Box NOT acceptable) Service of process for the above stated corporation at to bintinent as registered agent and agree to act in this castes relative to the proper and complete performance of	MAR 19 PM 12: 35 he place spacity.	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

II. Name	es and business addresses of officers and/or directors:		
A. DIRE	CCTORS		
Lead . Chairma n:	Peter Neupert		
Address:	1603 Everyceon H. Road		_
_	Medina WA 98034		
Direction	man: Rob Hershbers		
Address:	5001 NE Scripto Visto		
_	Seattle Wit 35115		_
Director:	Chad Coher		
Address:	1301 Second Ave. Place 21		
	Seattle 1904 FE101		014
Director.		¥	SECRE
		= 0	
Address:		O	
		- -	RY OF
B. OFF	ICERS	$\ddot{\Sigma}$	SIATE ORATE
President:	Chad Robins	$\frac{3}{3}$	<u> </u>
Address:	1551 Eastlake Ave. E. Suite 200		<i>5%</i> ——
	Seattle, Washington 98102		_
Vice Pres	ident: Kathleen Determann		
Address:	1551 Eastlake Avc. E. Suite 200		
	Seattle, Washington 98102		
Secretary:	Kathleen Determann		
Address:	1551 Eastlake Ave. E. Suite 200. Senttle, Washington 98102		
Treasurer	Dean Schomo		
Address:	1551 Eastlake Ave. E. Suite 200, Seattle, Washington 98102		
NOTE:/	If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
12.	athlea Deternation		
are true a a third do	Signature of Director or Officer seer or director signing this document (and who is listed in number 12 above) affirms that the facts stated and that he or she is aware that false information submitted in a document to the Department of State coregree felony as provided for in s.817.155, F.S.		
13	Kathleen Determann		
	(Typed or printed name and capacity of person signing application)		

(COME)

UNITED STATES OF AMERICA The State of Washington Secretary of State 15 MAR 19 PH 12: 35

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

ADAPTIVE BIOTECHNOLOGIES CORPORATION

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 9/8/2009.

I FURTHER CERTIFY that as of the date of this certificate, ADAPTIVE BIOTECHNOLOGIES CORPORATION remains active and has complied with the filing requirements of this office.

Date: January 29, 2015

UBI: 602-952-386

Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State