

No. W 105018		Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX) RICHARD BISHOP 1375 MORNINGSIDE ST STAR ID 83651																																											
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CNS MEDICAL SOLUTIONS, LLC RICHARD L BISHOP 13748 MORNINGSIDE ST NAMPA ID 83651 19593 MADISON RD. NAMPA, ID 83687		FILED																																											
REINSTATEMENT FEE DUE: \$30.00																																															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																															
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager ☐ Member ☒</td><td colspan="5">BRIAN TATOMIR</td><td>30251 GOLDEN LANTERN, #E-577</td></tr><tr><td></td><td colspan="5">LAGUNA NIGUEL,</td><td>CA 92677</td></tr><tr><td>Manager ☐ Member ☐</td><td colspan="5"></td><td></td></tr><tr><td>Manager ☐ Member ☐</td><td colspan="5"></td><td></td></tr><tr><td>Manager ☐ Member ☐</td><td colspan="5"></td><td></td></tr></tbody></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	BRIAN TATOMIR					30251 GOLDEN LANTERN, #E-577		LAGUNA NIGUEL,					CA 92677	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 105018		6. Signature:  Name (type or print): BRIAN TATOMIR Date: 11/28/16 Title: President																																													
Issued 11/28/2016 by online																																															