

FILED EFFECTIVE SECRETARY OF STATE
STATE OF IDAHO

CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY AND

QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001A, § 53-3-1001, § 53-3-303.

- The name of the limited liability partnership is:
CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE, LLP
- It's prior name, if any, was:
CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE
- The street address of its chief executive office is:
600 NORTH ROBBINS ROAD, BOISE, IDAHO 83702
- The street address of one (1) office in Idaho; or name and street address of its registered agent in Idaho:
600 NORTH ROBBINS ROAD, BOISE, IDAHO 83702
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
IDAHO ELKS REHABILITATION HOSPITAL, INC.	600 NORTH ROBBINS ROAD, BOISE, IDAHO 83702
ST. LUKE'S REGIONAL MEDICAL CENTER, LTD.	190 EAST BANNOCK ST, BOISE, IDAHO 83702
- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

TRUSTEES OF IDAHO STATE ELKS ASSOCIATION	
TRUSTEES OF ST. LUKE'S REGIONAL MEDICAL CENTER, LTD.	
- The mailing address for future correspondence is:
600 NORTH ROBBINS ROAD, PO BOX 1100, BOISE, IDAHO 83701-1100
- The above-named partnership elects to be a limited liability partnership.
- Future effective date (optional) N/A
- Signatures of at least 2 partners:

1) <u>Joseph P. Caroselli</u>	Typed Name JOSEPH P. CAROSELLI
2) <u>Jeffrey S. Taylor</u>	Typed Name JEFFREY S. TAYLOR

Secretary of State use only

g:\comptons\forms\partnership_comb.und
Revised 02/2003

IDAHO SECRETARY OF STATE
03/11/2010 05:00
CK: NONE CT: 22597 BH: 1212306
1 @ 100.00 = 100.00 QUALIF LLP # 2

K491