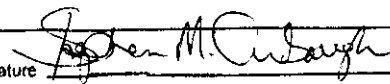


REINSTATEMENT

No. W 17364	Annual Report Form ADMIN DISSOLVED 03/10/2003	2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Mailing Address (if different from above, if applicable) NORTH IDAHO DAY SURGERY, LLC NSH NORTH IDAHO INC 30 S WACKER DR STE 2302 CHICAGO, IL 60606	CT CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83702 3. <u>New</u> registered agent signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>NSH North Idaho, Inc</td> <td>30 S. Wacker Dr. Ste 2302</td> <td>Chicago</td> <td>IL</td> <td>60606</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Managing Member	NSH North Idaho, Inc	30 S. Wacker Dr. Ste 2302	Chicago	IL	60606
Office held	Name	Street or P.O. Address	City	State	Zip									
Managing Member	NSH North Idaho, Inc	30 S. Wacker Dr. Ste 2302	Chicago	IL	60606									
5. Organized under the laws of: IDAHO W 17364	6.  Signature _____ Date <u>5/7/03</u> Name (Typed or Printed) <u>Stephen M. Crumbaugh</u> Title <u>President NSH Idaho, Inc</u> <u>Managing Member</u>													

Issued 04/09/2003