FILED EFFECTIVE

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AMENDMENT OR CANCELLATION TO STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2016 AUG 10 AM 10: 42

SECRETARY OF STATE STATE OF IDAHO

Title 30, Chapters 21 and 23, Idaho Code
Filing fee: \$30 typed, \$50 not typed
Complete and submit the application in duplicate.

The name of the limited liability partnership:			
2. The date the statement was filed with the Idaho Secretary of State is: February 25, 2016 3. The name of the limited liability partnership is amended to: 4. The complete street and mailing addresses of the limited liability partnership's principal office are amended to:			
		(Street Address)	
		(Mailing Address, if different)	
5. The partners are amended as follows:			
Add: Delete: David Birdsall, MD 2100 Powell Street, Suite 900, Emeryville, CA 94608			
Add: Delete:	Addressi		
(Name) (A	Address)		
Add: Delete: (Name)	\ddiess)		
6. The statement of qualification is hereby cancelled.			
7. Signatures of a partner:	Secretary of State use only		
Printed Name: Daniel Culhane, MD			
Signature:	IDAHO SECRETARY OF STATE - 08/10/2016 05:00		
Printed Name: David Birdsall, MD	CK:100701 CT:318899 BH:1541330 1@ 30.00 = 30.00 LLP AMEND #2		
Signature:			

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