Issued 1/24/2008 by SL1

REINSTATEMENT

Ne. W 55249	Annual Report Form ADMIN DISSOLVED 01/04/2008	2. Registered Agent and Office NOT A P.O. BOX FAHIM RAHIM
Return to: SECRETARY OF STATE 480 N 4th STREET PO BOX 63720 BOISE, 10 83720-0080	t kenning sekir. Transplantin ber at nachrabe	444 HOSPITAL WAY STE 607
	SHIFA BLACKFOOT LLC FARASAT MANNAN 55 WASHINGTON STREET STE 306	POCATELLO, ID 83201
PEE DUE \$30.00	EAST ORANGE, NJ 07017	3. <u>New</u> registered agent algnature
Limited Liability Companies: Enter Limited and Limited Liability Part Office held Name	Business Addresses of Prosident, Secretary and Directors or Names and Addresses of management. Increhips: Enter names and addresses of at least two (2) partners. Biroot or PO. Address RAHMAN HYY HOSP, TAL WAY STE 607	POCATELLO ID 83201
5. Organized under the laws of: IDAHO W 55249	8 Signature	Date 1-24-08 THE MEMBER
	Name (Norder FALTIM RAILIN	THE MEMBER

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Block 1: Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.
- Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in idaho; not a Post Office Box or Personal Muli Box.
- Block S: Only a naw registered agent must sign in Block 3.
- Block 4: Enter names and business addresses of president, secretary, and directors (for corporations only), management (for LLCz only), or at least two (2) partners (for LPs and LLPs only. Note: Putting "same as last year" or "eams as above" will not be accepted.
- Block 5: May not be altered through the use of this form.
- Block 8: The annual report must be signed by a person authorized to represent the corporation/LLC/LP/LLP. Print or type the name and title of the signer below the signature.