

REINSTATEMENT

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| No. W 11571 | Annual Report Form ADMIN DISSOLVED 06/05/2008 | 2. Registered Agent and Office NOT A P.O. BOX RUTH C STEVENS PRICE 160 MAIN AVE N TWIN FALLS, ID 83301 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address - Correct in this box, if applicable IMPULSE MEDICAL L.L.C. PO BOX 5172 TWIN FALLS, ID 83303 | 3. <u>New</u> registered agent signature |
| FEE DUE \$30.00 | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. Office held Name Street or P.O. Address City State Zip | | |
| <i>pres. William Entwistle 609 Concordia Dr Twin Falls, ID 83301</i> | | |
| 5. Organized under the laws of: IDAHO W 11571 | 6. Signature Name (Type or Printed) <i>William Entwistle</i> | Date 2/24/09 Title pres. |