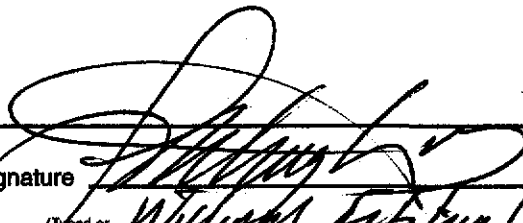
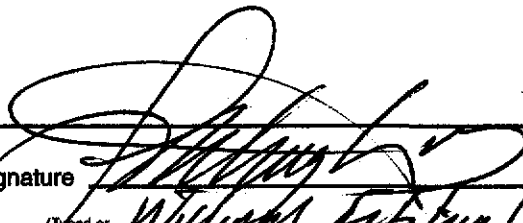
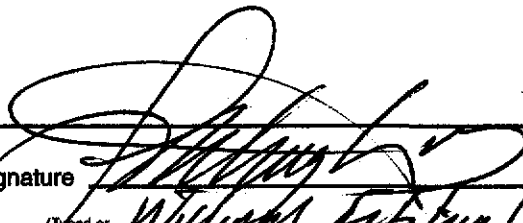


REINSTATEMENT

No. W 11571	Annual Report Form ADMIN DISSOLVED 06/05/2008		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable IMPULSE MEDICAL L.L.C. PO BOX 5172 TWIN FALLS, ID 83303		RUTH C STEVENSPRICE 160 MAIN AVE N TWIN FALLS, ID 83301 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 management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>pres.</td> <td>William Estabrook</td> <td>609 Concordia dr</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	pres.	William Estabrook	609 Concordia dr	Twin Falls,	ID	83301
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pres.	William Estabrook	609 Concordia dr	Twin Falls,	ID	83301										
5. Organized under the laws of: IDAHO W 11571	6. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>2/24/09</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>William Estabrook</td> <td>Title</td> <td>pres.</td> </tr> </table>			Signature		Date	2/24/09	Name (Typed or Printed)	William Estabrook	Title	pres.				
Signature		Date	2/24/09												
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Issued 2/17/2009 by SLD