



# CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY AND

## QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001A, § 53-3-1001, § 53-3-303.

1. The name of the limited liability partnership is:  
CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE, LLP
2. It's prior name, if any, was:  
CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE
3. The street address of its chief executive office is:  
600 NORTH ROBBINS ROAD, BOISE, IDAHO 83702
4. The street address of one (1) office in Idaho; or name and street address of its registered agent in Idaho:  
600 NORTH ROBBINS ROAD, BOISE, IDAHO 83702
5. The names and mailing addresses of all partners (attached sheets may be added):
 

Name	Address
IDAHO ELKS REHABILITATION HOSPITAL, INC.	600 NORTH ROBBINS ROAD, BOISE, IDAHO 83702
ST. LUKE'S REGIONAL MEDICAL CENTER, LTD.	190 EAST BANNOCK ST, BOISE, IDAHO 83702
6. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:  
TRUSTEES OF IDAHO STATE ELKS ASSOCIATION  
TRUSTEES OF ST. LUKE'S REGIONAL MEDICAL CENTER, LTD.
7. The mailing address for future correspondence is:  
600 NORTH ROBBINS ROAD, PO BOX 1100, BOISE, IDAHO 83701-1100
8. The above-named partnership elects to be a limited liability partnership.

9. Future effective date (optional) N/A

10. Signatures of at least 2 partners:

Typed Name

JOSEPH P. CAROSELLI

2)

Typed Name

JEFFREY S. TAYLOR

Secretary of State use only

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Revised 02/2003

IDAHO SECRETARY OF STATE  
03/11/2010 05:00  
CK: NONE CT: 22597 DH: 1212386  
1 @ 100.00 = 100.00 QUALIF LLP # 2

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