

No. <b>J 1964</b>		<b>Due no later than Mar 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE, LLP JOSEPH P COROSELLI CEO 600 N ROBBINS RD BOISE ID 83702		IDAHO ELKS REHABILITATION HOSPITAL INC 600 N ROBBINS RD BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	IDAHO ELKS REHABILITATION HOSPITAL INC	600 N ROBBINS RD	BOISE	ID	USA	83702	
PARTNER	ST LUKES REGIONAL MEDICAL CENTER LTD	190 E BANNOCK ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID J 1964</b>		6. Annual Report must be signed.* Signature: Douglas B. Lewis Name (type or print): Douglas B. Lewis Date: 01/13/2012 Title: Cfo					
Processed 01/13/2012		* Electronically provided signatures are accepted as original signatures.					