

No. W 28590	Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011		2. Registered Agent and Office (NOT A P.O. BOX) PAUL C MASON 524 11TH ST IDAHO FALLS ID 83404	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NORTHSTAR HEALTHCARE, LLC. 524 11TH ST IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐ (circle one)						
	Northstar Healthcare Services, Inc	524 11th	Idaho Falls	ID	USA	83404
	Quality Electronics Development, Inc	524 11th	Idaho Falls	ID	USA	83404

5. Organized Under the Laws of: IDAHO W 28590	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;">Signature: <u>Paul C Mason</u></td> <td style="width: 20%;">Date: <u>11/11/2011</u></td> </tr> <tr> <td>Name (type or print): <u>Paul C Mason</u></td> <td>Title: <u>Gen. Manager</u></td> </tr> </table>	Signature: <u>Paul C Mason</u>	Date: <u>11/11/2011</u>	Name (type or print): <u>Paul C Mason</u>	Title: <u>Gen. Manager</u>
Signature: <u>Paul C Mason</u>	Date: <u>11/11/2011</u>				
Name (type or print): <u>Paul C Mason</u>	Title: <u>Gen. Manager</u>				

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