



AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

For Office Use Only

-FII FD-

File #: 0003370482

Date Filed: 12/12/2018 1:50:00 PM

1. Entity name: Universal Hospital Services, Inc.

2. The entity name is amended to: Agiliti Health, Inc.

a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:

3. The entity type is amended to:

- Business Corporation
- Nonprofit Corporation
- Limited Liability Partnership
- Limited Liability Company
- General Partnership
- General Cooperative Association
- Limited Partnership (Including a limited liability limited partnership)
- Statutory Trust, Business Trust, or Common-law Business Trust

Other: _____

3. The street and mailing address(es) of its principal office is amended to:

(Street Address)

(Mailing Address, if different)

6. The name, capacity, and mailing address of the governor(s) is amended to:

(Name) (Capacity) (Address)

(Name) (Capacity) (Address)

Typed Name: Matt McCabe

Signature: State

Capacity: VP Finance and Treasurer

Delaware

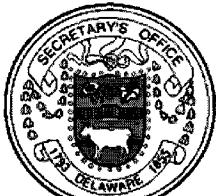
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITI HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3445269 8300

SR# 20188081260

You may verify this certificate online at corp.delaware.gov/authver.shtml



A handwritten signature in black ink, appearing to read "J. W. Bullock". Below the signature is a horizontal line, and under the line is the text "Jeffrey W. Bullock, Secretary of State".

Authentication: 204071121

Date: 12-11-18