FILED EFFECTIVE

No. J 1964	Reinstatement Annual Report Form LLP REVOKED 06/14/2011	2. Registered Agent and Office (NOT A P.O. BOX) IDAHO ELKS REHABILITATION HOSPITAL INC 600 N ROBBINS RD BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE, LLP IDAHO ELKS REHABILITATION HOSPITAL INC 600 N ROBBINS RD BOISE ID 83702 ATTN: JOSEPH P. CANOSELLI, CEO	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Partners	Name	Street or PO Address	City	State	Country	Postal Code
	IDAHO ELKS REHABILITATION HOSPITAL, INC.	600 NORTH ROBBINS RD.	BOISE, ID, ADA			83702
	ST. LUKE'S REGIONAL MEDICAL CENTER LTD.	190 EAST BANNOCK ST.	BOISE, ID, ADA			83712

5. Organized Under the Laws of:	6.
IDAHO J 1964	Signature: [signature] Date: 6/24/11 Name (type or print): DOUGLAS B. LEWIS Title: CFO

Issued 06/23/2011 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM