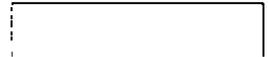




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



REINSTATEMENT



1. Entity ID Number: 1335293	2. The name of the entity is: Noris Medical, Inc.																																				
3. Date of Revocation: 10/26/2016	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Domestic Business Corporation																																					
6. The reinstatement includes: <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td style="text-align: center;">3</td> <td style="text-align: right;">(report filing fee) \$ 50.00</td> <td style="text-align: right;">Total Fees \$ 150.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td style="text-align: center;">2</td> <td style="text-align: right;">(penalty fee) \$ 50.00</td> <td style="text-align: right;">Total Fees \$ 100.00</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	3	(report filing fee) \$ 50.00	Total Fees \$ 150.00	<input checked="" type="checkbox"/> Penalty fees (# of years)	2	(penalty fee) \$ 50.00	Total Fees \$ 100.00	<input type="checkbox"/> Replacement filing fee	\$			<input checked="" type="checkbox"/> LOGS (Tax Good Standing)				<input type="checkbox"/> Legislative Act/Court Order				<input type="checkbox"/> Change of Agent Form (filing fee) \$				<input type="checkbox"/> Change of Registered Office Form - NO FEE				<input type="checkbox"/> Certificate of Correction				<input type="checkbox"/> Amendment (name change required)			
<input checked="" type="checkbox"/> Annual Reports (# of reports)	3	(report filing fee) \$ 50.00	Total Fees \$ 150.00																																		
<input checked="" type="checkbox"/> Penalty fees (# of years)	2	(penalty fee) \$ 50.00	Total Fees \$ 100.00																																		
<input type="checkbox"/> Replacement filing fee	\$																																				
<input checked="" type="checkbox"/> LOGS (Tax Good Standing)																																					
<input type="checkbox"/> Legislative Act/Court Order																																					
<input type="checkbox"/> Change of Agent Form (filing fee) \$																																					
<input type="checkbox"/> Change of Registered Office Form - NO FEE																																					
<input type="checkbox"/> Certificate of Correction																																					
<input type="checkbox"/> Amendment (name change required)																																					
7. The reinstatement is accompanied by.																																					

FILED
 FEB 21 2018
 BY 324791
A.A. 10:05 A.M.



STATE OF RHODE ISLAND AND
 PROVIDENCE PLANTATIONS
 DEPARTMENT OF ADMINISTRATION
 DIVISION OF TAXATION
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 FEB 21 AM 10:05

NORIS MEDICAL, INC.
 55 S VALLE VERDE DR STE 250
 HENDERSON, NV 89012-3479

I.D. # 1335293

LETTER OF GOOD STANDING

It appears from our records that **NORIS MEDICAL, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **NORIS MEDICAL, INC.** is in good standing with the Rhode Island Division of Taxation as of 1/11/2018. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

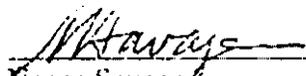
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

REINSTATEMENT OF REVOKED CORPORATE CHARTER

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,


 Neena Savage
 Tax Administrator


 Neil Caouette
 Supervising Revenue Officer
 Compliance and Collections

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 FEB -8 AM 10:20

474194740:12741671
 DLN: 10000916855