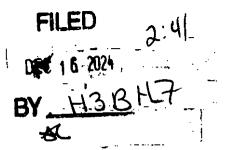


REINSTATEMENT

1. Entity ID Number:	2. The name of the entity is:				
000087345	University Surgical Network Limited Partnership				
3. Date of Revocation:	4. Reason for Revocation:				
9/16/2024	Annual Report				
5. Entity Type:					
Limited Partnership					
6. The reinstatement requirements are:					
✓ Annual Reports (# of reports	s) 1	(report filing fee)	\$ 50	Total Fees \$ 50	
Penalty fees (# of years)	1	(penalty fee)	\$ 50	Total Fees \$ 50	
Replacement filing fee \$					
✓ LOGS (Tax Good Standing)					
Legislative Act/Court Order					
✓ Change of Agent Form (filing fee) \$ 20					
Change of Registered Office Form - NO FEE					
Certificate of Correction					
Amendment (name change required)					
7. Accompanied by					







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

UNIVERSITY SURGICAL NETWORK LIMITED PARTNERSHIP 110 ELM ST PROVIDENCE, RI 02903-4626

LETTER OF GOOD STANDING

It appears from our records that University Surgical Network Limited Partnership has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. University Surgical Network Limited Partnership is in good standing with the Rhode Island Division of Taxation as of 12/10/2024. 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 <u>only</u> for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

NEIL CAOUETTE

Supervising Revenue Officer

Neena Savage

Tax Administrator

050487842:22525917 DLN: 10018281622