



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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 APR 11 AM 11:51

Certificate of Cancellation
 FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

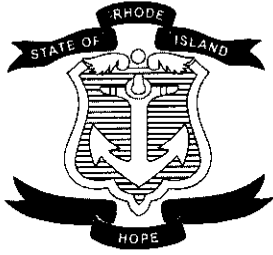
Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: 001669081	2. The name of the limited liability company is: Prime Healthcare Services-Rehabilitation Hospital, LLC
3. It is organized under the laws of: <p style="text-align: center;">Delaware</p>	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is: <p style="margin-left: 40px;"> Mike Heather, CFO 3300 E. Guasti Road, 3rd Floor Ontario, CA 91761 </p>	
7. As required by RIGL 7-16-8, the entity has paid all fees and franchise taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of dissolution MUST accompany this form.	
8. Date when the Cancellation will be effective: CHECK ONLY ONE BOX	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person Michael Heather, CFO	Date 01/30/2017
Signature of Authorized Person 	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 APR 11 2017 11:51
 By 300591

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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

1669081

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 APR 11 AM 11:51

PRIME HEALTHCARE SERVICES - REHABILITATION HOSPITAL, LLC
ATTN: C.J. BERGNER
222 JEFFERSON BLVD. STE 200
WARWICK, RI 02888-3847

LETTER OF GOOD STANDING

It appears from our records that **Prime Healthcare Services - Rehabilitation Hospital, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Prime Healthcare Services - Rehabilitation Hospital, LLC** is in good standing with the Rhode Island Division of Taxation as of **04/04/2017**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

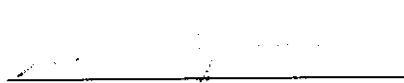
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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:


CANCELLATION

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

814634109:12008466
DLN: 3142128001



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 11, 2017 11:51 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

