

No. W 38864		Due no later than Apr 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ESPLIN MEDICAL INVENTIONS, L.L.C. VERMON S ESPLIN 12640 PREAKNESS CIRCLE CHUBBUCK ID 83202		VERMON S ESPLIN 12640 PREAKNESS CIRCLE CHUBBUCK 83202			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	ANTHONY LYLE ESPLIN VERMON S ESPLIN	150 SOUTH 300 EAST APT 408 12640 PREAKNESS CIRCLE	SALT LAKE CITY CHUBBUCK	UT ID	USA	84111 83202	
5. Organized Under the Laws of: ID W 38864		6. Annual Report must be signed.* Signature: Vermon Easplin Name (type or print): Vermon Easplin Date: 02/24/2015 Title: Manager					
Processed 02/24/2015 * Electronically provided signatures are accepted as original signatures.							