

No. W 122796		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		HEATHER OSENGA 1411 BLUE LAKE DR HAILEY ID 83333			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ORTHOPEDIC OFFERINGS, LLC. HEATHER OSENGA 1411 BLUE LAKE DR HAILEY ID 83333					
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	
MANAGER	HEATHER OSENGA	1411 BLUE LAKE DR	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 122796		Signature: Heather Osenga			Date: 03/31/2014		
		Name (type or print): Heather Osenga			Title: Owner		
Processed 03/31/2014		* Electronically provided signatures are accepted as original signatures.					