

No. C 184025		Due no later than Aug 31, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SMITHS MEDICAL ASD, INC. 6000 NATHAN LANE N MINNEAPOLIS MN 55442 USA		REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	CHRIS HOLMES	6000 NATHAN LANE N	MINNEAPOLIS	MN	USA	55442
SECRETARY	MICHAEL ARMSTRONG	6000 NATHAN LANE N	MINNEAPOLIS	MN	USA	55442
DIRECTOR	CHRIS HOLMES	6000 NATHAN LANE N	MINNEAPOLIS	MN	USA	55442
DIRECTOR	BRETT LANDRUM	6000 NATHAN LANE N	MINNEAPOLIS	MN	USA	55442
DIRECTOR	TRACY PROBOSKI	6000 NATHAN LANE N	MINNEAPOLIS	MN	USA	55442
5. Organized Under the Laws of: DE C 184025		6. Annual Report must be signed.* Signature: MATTHEW ZORICH Name (type or print): MATTHEW ZORICH Date: 07/30/2018 Title: AUTHORIZED FILER				
Processed 07/30/2018		* Electronically provided signatures are accepted as original signatures.				