

No. W 88837		Due no later than Dec 31, 2013 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. SPINAL DELIVERY SYSTEMS, LLC ROBERT E WILLIAMS PO BOX 168 JEROME ID 83338		ROBERT E WILLIAMS 153 E MAIN JEROME ID 83338			
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 MEMBER	Name DAVID VERST	Street or PO Address 15 WEST GALENA		City HAILEY	State ID	Country USA	Postal Code 83333
5. Organized Under the Laws of: ID W 88837		6. Annual Report must be signed.* Signature: Robert E. Williams Name (type or print): Robert E. Williams Date: 10/22/2013 Title: Registered Agent					
Processed 10/22/2013 * Electronically provided signatures are accepted as original signatures.							