No. W 90622	Due no later than Feb 28, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.	921 S ORCHARD ST STE G BOISE ID 83705-5543			
	MEDTRONIC CARE MANAGEMENT SERVICES, LLC WENDEE WEBB 710 MEDTRONIC PARKWAY	3. New Registered Agent Signature:*			
	MINNEAPOLIS MN 55432				
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
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 KAREN PAR	KHILL 710 MEDTRONIC PARKWAY	MINNEAPOLIS	MN	USA	55432
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
MN	Signature: Wendee	Date: 01/09/2017			
W 90622	Name (type or print): Wendee	Title: Administrator			
Processed 01/09/2017	* Electronically provided signatures are accepted as original signatures.				