No. C 177379				2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MATRIX ORTHOPEDICS, INC. ZSIGMOND SZANTO 2148 4TH AVE EAST TWIN FALLS ID 83301-7451			ZSIGMOND SZANTO 2148 4TH AVE EAST TWIN FALLS ID 83301-7451 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of	President, Secretary, and Directors. Tre	easurer (o	pptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	ZSIGMOND	SZANTO	2148 4TH AVE EAST		TWIN FALLS	ID	USA	83301-7451
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 177379		Signature: Zsigmond Szanto Date: 01/26,				1/26/2016		
		Name (type or print): Zsigmond Szanto			Title: President			
Processed 01/26/2016	_	* Electronically provided signatures are accepted as original signatures.						