No. W 88405		Due no later than Nov 30, 2011	2. Registered	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.	COREY KENT 3030 W. CHAMPAGNE CT. EAGLE ID 83616				
		MEDICAL DEVICE INNOVATIONS LLC. COREY KENT 3030 W. CHAMPAGNE CT. EAGLE ID 83616	3. New Regist	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		EAGLE 15 03010	or <u>non</u> region		g. i.a. ca.		
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER COREY KEN		T 3030 W. CHAMPAGNE CT.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Corey Kent	Date: 12/08/2011				
W 88405		Name (type or print): Corey Kent	Title: Member				
Processed 12/08/2011	Processed 12/08/2011 * Electronically provided signatures are accepted as original signatures.						