

No. W 117136	Due no later than Sep 30, 2016 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. OPTIMUS ORTHOPEDIC DESIGNS, LLC C SCOTT HUMPHREY 2258 N BIG SUMMIT WAY EAGLE ID 83616	C SCOTT HUMPHREY 3381 W BAVARIA ST EAGLE ID 83616	
		3. <u>New</u> Registered Agent Signature:*	
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
MEMBER	CARRIE ANN HUMPHREY	2258 N. BIG SUMMIT WAY	EAGLE ID USA 83616
5. Organized Under the Laws of: ID W 117136	6. Annual Report must be signed.* Signature: Carrie Humphrey Name (type or print): Carrie Humphrey		Date: 07/24/2016 Title: Member
Processed 07/24/2016		* Electronically provided signatures are accepted as original signatures.	