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|---|---------------------|---|-------|---|---------|-------------|--|
| 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 | | 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 | | | |
| 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 | 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. | | | | | | | |