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|--|---|---|--------------------------------------|
| No. <b>W 117136</b>  | <b>Due no later than Sep 30, 2013</b><br><b>Annual Report Form</b>  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |                                      |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>OPTIMUS ORTHOPEDIC DESIGNS, LLC<br>C SCOTT HUMPHREY<br>3381 W BAVARIA ST<br>EAGLE ID 83616 | C SCOTT HUMPHREY<br>3381 W BAVARIA ST<br>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 ANNE HUMPHREY  | 3381 W BAVARIA ST   | EAGLE ID USA 83616                   |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 117136</b>  | 6. Annual Report must be signed.*<br>Signature: C. Scott Humphrey<br>Name (type or print): C. Scott Humphrey  |   | Date: 07/18/2013<br>Title: President |
| Processed 07/18/2013   |   | * Electronically provided signatures are accepted as original signatures. |                                      |