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| No. W 91712 | Due no later than Mar 31, 2014 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. DLW ORTHOPEDICS, LLC DAVID LAWRENCE WOOD 3236 S KINGSBURY WAY EAGLE ID 83616 | | DAVID LAWRENCE WOOD 3236 S KINGSBURY WAY 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 | DAVID L WOOD | 3236 S. KINGSBURY WAY | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: ID W 91712 | 6. Annual Report must be signed.* Signature: David Wood Name (type or print): David Wood | | Date: 04/14/2014 Title: President | | | |
| Processed 04/14/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |