

| | | | | | | | |
|--|----------------|--|----------|---|---------|-------------|--|
| No. C 175283 | | Due no later than Oct 31, 2018 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ORTHOSYNETICS, INC. MARY HOWARD 3850 N CAUSEWAY BLVD STE 800 METAIRIE LA 70002 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705-7000 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | RONNE LABORDE | 3850 N. CAUSEWAY BLVD. SUITE 800 | METAIRIE | LA | USA | 70002 | |
| SECRETARY | CATHY GREEN | 3850 N. CAUSEWAY BLVD. SUITE 800 | METAIRIE | LA | USA | 70002 | |
| DIRECTOR | RONNIE LABORDE | 3850 N. CAUSEWAY BLVD. SUITE 800 | METAIRIE | LA | USA | 70002 | |
| 5. Organized Under the Laws of: DE C 175283 | | 6. Annual Report must be signed.* Signature: Cathy Green Name (type or print): Cathy Green | | | | | |
| | | Date: 08/28/2018 Title: CFO | | | | | |
| Processed 08/28/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |