

No. W 108596	Due no later than Nov 30, 2017 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. DYNAMIC MEDICAL SYSTEMS, LLC 7935 DUNBROOK ROAD SUITE H SAN DIEGO CA 92126		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			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	JOERNS HEALTHCARE PARENT LLC	2430 WHITEHALL PARK DRIVE SUITE 100	CHARLOTTE	NC	USA	28273
5. Organized Under the Laws of: IV W 108596		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 10/04/2017 Title: POA				
Processed 10/04/2017		* Electronically provided signatures are accepted as original signatures.				