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| No. L 3880 | | Due no later than Oct 31, 2014 | | 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. COVIDIEN LP CHERYL L COPELAND-LEWIS 15 HAMPSHIRE STREET MANSFIELD MA 02048 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | COVIDIEN HOLDING INC | 15 HAMPSHIRE ST | MANSFIELD | MA | USA | 02048 | |
| 5. Organized Under the Laws of: DE L 3880 | | 6. Annual Report must be signed.* Signature: John W. Kapples Name (type or print): John W. Kapples | | Date: 09/22/2014 Title: Secretary | | | |
| Processed 09/22/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |