

No. C 177379	Due no later than Feb 28, 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. MATRIX ORTHOPEDICS, INC. ZSIGMOND SZANTO 2148 4TH AVE EAST TWIN FALLS ID 83301-7451	ZSIGMOND SZANTO 2148 4TH AVE EAST TWIN FALLS ID 83301-7451 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	ZSIGMOND SZANTO	2148 4TH AVE EAST	TWIN FALLS	ID	USA	83301-7451
5. Organized Under the Laws of: ID C 177379	6. Annual Report must be signed.* Signature: Zsigmond Szanto Name (type or print): Zsigmond Szanto		Date: 12/27/2016 Title: President			
Processed 12/27/2016		* Electronically provided signatures are accepted as original signatures.				