No. **C 179741**	**Due no later than Aug 31, 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.** KB ORTHOPEDICS, INC. KARL I BUHR 5246 E BARBER STATION WAY BOISE ID 83716 USA	KARL BUHR 2709 N VIZCAYA WAY BOISE ID 83616 3. New 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	KARL BUHR	11439 E DREYFUS AVENUE	SCOTTSDALE	AZ	USA	85259

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MT **C 179741**	Signature: Kevin Leland	Date: 06/21/2017
	Name (type or print): Kevin Leland	Title: Accounting

Processed 06/21/2017

* Electronically provided signatures are accepted as original signatures.