

No. <b>W 86555</b>		<b>Due no later than Aug 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LOWE'S ORTHOTICS, LLC RANDY E LOWE 230 W MALLARD DR STE C BOISE ID 83706 USA		RANDY E LOWE 230 W MALLARD DR STE C BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name RANDY E LOWE	Street or PO Address 230 W MALLARD DR STE C		City BOISE	State ID	Country USA	Postal Code 83706
5. Organized Under the Laws of:  <b>ID</b> <b>W 86555</b>		6. Annual Report must be signed.*  Signature: Randy E Lowe Name (type or print): Randy E Lowe  Date: 06/14/2013 Title: President					
Processed 06/14/2013 * Electronically provided signatures are accepted as original signatures.							