| No. W 62090 | | Due no later than Apr 30, 2011 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------|---|-----------------------------------|-----------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WOOD MEDICAL, LLC MATTHEW J WOOD 3080 NE SUNBURST AVE HILLSBORO OR 97124 | | 1818 W NAMPA | MATTHEW JOSEPH WOOD 1818 W DEEP CREEK WAY NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | nes and Addresses | of at least one Member or Manager | | | | | |
| Office Held Nar | | ics and Addresses | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER MA | TTHEW J | OSEPH WOOD | 3080 NE SUNBURST AVE | HILLSBOI | RO OR | USA | 97124 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 62090 | | Signature: Matthew J. Wood | | | Date: 02/10/2011 | | | |
| | | Name (type or print): Matthew J. Wood | | | Title: Monager | | | |
| Processed 02/10/2011 | 3 | * Electronically provided signatures are accepted as original signatures. | | | | | | |