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| No. W 86555 | Due no later than Aug 31, 2010 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. 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 | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | RANDY E LOWE | 230 W MALLARD DR STE C | BOISE | ID | USA | 83706 |
| 5. Organized Under the Laws of: ID W 86555 | 6. Annual Report must be signed.* Signature: Randy E Lowe Name (type or print): Randy E Lowe | | Date: 06/09/2010 Title: Partner | | | |
| Processed 06/09/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | |