

No. W 108596		Due no later than Nov 30, 2016 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		1. Mailing Address: Correct in this box if needed. DYNAMIC MEDICAL SYSTEMS, LLC 7935 DUNBROOK ROAD SUITE H SAN DIEGO CA 92126		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				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
MEMBER	JOERNS HEALTHCA PARENT LLC	2430 WHITEHALL PARK DRIVE SUITE 100		CHARLOTTE	NC	USA	28273
5. Organized Under the Laws of: NV W 108596		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 10/14/2016 Title: POA					
Processed 10/14/2016		* Electronically provided signatures are accepted as original signatures.					