No. W 82907		Due no later than Apr 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. TRIUMPH MEDICAL, LLC JARED G FLINT 1608 SOUTH HERRON DRIVE NAMPA ID 83686		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1608 SOUT NAMPA ID	JARED G FLINT 1608 SOUTH HERRON DRIVE NAMPA ID 83686 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	t least one Member or Manager					
Office Held	Name	mes and Addresses of a	Street or PO Address	City	State	Country	Postal Code	
MANAGER BROOKE I FLINT		-UNT	1608 SOUTH HERRON DRIVE	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 82907		6. Annual Report must be signed.* Signature: Jared G. Flint Name (type or print): Jared G. Flint			Date: 02/14/2014 Title: President			
Processed 02/14/2014 * Electronically provided signatures are accepted as original signatures.								