

No. W 96990		Due no later than Oct 31, 2013		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. IDAHO CENTER FOR REGENERATIVE MEDICINE L.L.C. DEBORAH L HAAKE 500 EAST SHORE DRIVE SUITE 100 EAGLE ID 83616 USA		ROBERT J HAAKE MD 12185 N UPPER RIDGE PL BOISE ID 83714			
				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	ROBERT J HAAKE	12185 NORTH UPPER RIDGE PL	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 96990		Signature: Deborah L. Haake				Date: 08/29/2013	
		Name (type or print): Deborah L. Haake				Title: Business Manager	
Processed 08/29/2013		* Electronically provided signatures are accepted as original signatures.					