

No. W 96990		Due no later than Oct 31, 2013 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. 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			
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 MANAGER	Name ROBERT J HAAKE	Street or PO Address 12185 NORTH UPPER RIDGE PL		City BOISE	State ID	Country USA	Postal Code 83714
5. Organized Under the Laws of: ID W 96990		6. Annual Report must be signed.* Signature: Deborah L. Haake Name (type or print): Deborah L. Haake Date: 08/29/2013 Title: Business Manager					
Processed 08/29/2013 * Electronically provided signatures are accepted as original signatures.							