

No. L 5403	Due no later than April 30, 2008		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE, ID 83702 USA													
	1. Mailing Address - Correct in this box, if applicable OTTO BOCK HEALTHCARE LP STEPHEN A CARR TWO CARLSON PARKWAY N STE 100 PLYMOUTH, MN 55447		3. <u>New</u> Registered Agent Signature													
4. Limited Partnerships: Enter Names and Business Addresses of General Partners.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"><u>Office held</u></th> <th style="width: 20%;"><u>Name</u></th> <th style="width: 40%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>General Partner</td> <td>Otto Bock Healthcare US, Inc.</td> <td>Two Carlson Parkway North, Suite 100</td> <td>Plymouth</td> <td>MN</td> <td>55447</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	General Partner	Otto Bock Healthcare US, Inc.	Two Carlson Parkway North, Suite 100	Plymouth	MN	55447
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
General Partner	Otto Bock Healthcare US, Inc.	Two Carlson Parkway North, Suite 100	Plymouth	MN	55447											
5. Organized Under the Laws of: IDAHO L 5403	6. Signature <u>[Handwritten Signature]</u>		Date <u>2-15-08</u>													
		Name <small>(Typed or Printed)</small> <u>Stephen A. Carr</u>	Title <u>Secretary</u>													

Issued 02/01/2008

Do Not Tape or Staple

200804005226