

|  |                |   |         |   |         |             |  |
|--|----------------|---|---------|---|---------|-------------|--|
| No. <b>C 194188</b>  |                | <b>Due no later than Mar 31, 2013</b>   |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>CAL MED ORTHOPEDICS, INCORPORATED<br>KEVIN CALLAHAN<br>1484 N 1090 E<br>SHELLEY ID 83274 |         | KEVIN CALLAHAN<br>1484 N 1090 E<br>SHELLEY ID 83274 |         |             |  |
|  |                |   |         | 3. <u>New</u> Registered Agent Signature:*          |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |   |         |   |         |             |  |
| Office Held  | Name           | Street or PO Address  | City    | State   | Country | Postal Code |  |
| PRESIDENT  | KEVIN CALLAHAN | 1484 N 1090 E   | SHELLEY | ID  | USA     | 83274       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 194188</b>  |                | 6. Annual Report must be signed.*<br>Signature: K. Callahan<br>Name (type or print): K. Callahan<br>Date: 01/17/2013<br>Title: President              |         |   |         |             |  |
| Processed 01/17/2013   |                | * Electronically provided signatures are accepted as original signatures.   |         |   |         |             |  |