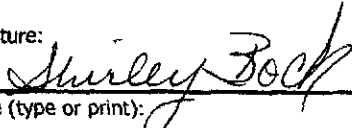


No. W 108419	Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. OSTEOMED LLC BETH KRISKE OSTEOMED LLC 3885 ARAPAHO ROAD ADDISON TX 75001		COGENCY GLOBAL INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA
			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Colson Associates, Inc.,	One N. Franklin St.,	Chicago, IL 60606
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:		6.	
DELAWARE W 108419		Signature: 	Date: 10/31/17
		Name (type or print): Shirley Bock	Title: Authorized sign
Issued 10/31/2017 by online		112410	