

No. W 96990	Due no later than Oct 31, 2014 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 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: ID W 96990	6. Annual Report must be signed.* Signature: Deborah Haake Name (type or print): Deborah Haake		Date: 08/18/2014 Title: Business Mgr.			
Processed 08/18/2014		* Electronically provided signatures are accepted as original signatures.				