

No. W 88837	Due no later than Dec 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. SPINAL DELIVERY SYSTEMS, LLC ROBERT E WILLIAMS PO BOX 168 JEROME ID 83338	ROBERT E WILLIAMS 153 E MAIN JEROME 83338	
		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
MEMBER	DAVID VERST	15 WEST GALENA	HAILEY ID USA 83333
5. Organized Under the Laws of: ID W 88837	6. Annual Report must be signed.* Signature: Robert E. Williams Name (type or print): Robert E. Williams		Date: 10/28/2014 Title: Atty for Co
Processed 10/28/2014		* Electronically provided signatures are accepted as original signatures.	