

# State of Idaho

Office of the Secretary of State

## AMENDED CERTIFICATE OF REGISTRATION

OF

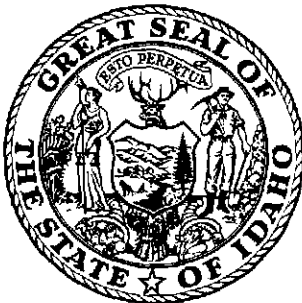
**DEPUY ORTHOPAEDICS, INC.**

File Number C 97497

I, LAWERENCE DENNEY, Secretary of the State, hereby certify that an Application for Amended Foreign Registration has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Foreign Registration to reflect the name change from DEPUY ORTHOPAEDICS, INC. to **MEDICAL DEVICE BUSINESS SERVICES, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: April 7, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By \_\_\_\_\_

*[Signature]*



# AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

2017 APR -7 PM 2:44

SECRETARY OF STATE  
STATE OF IDAHO

1. Entity name: Depuy Orthopaedics, Inc.

2. The entity name is amended to: Medical Device Business Services, Inc.

a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:

\_\_\_\_\_

3. The entity type is amended to:

- |  |  |
|--|--|
| <input type="checkbox"/> Business Corporation          | <input type="checkbox"/> General Partnership   |
| <input type="checkbox"/> Nonprofit Corporation         | <input type="checkbox"/> General Cooperative Association   |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust           |

☐ Other: \_\_\_\_\_  
(Provide unlisted foreign entity type here)

4. The entity's jurisdiction is amended to: \_\_\_\_\_

5. The street and mailing address(es) of its principal office is amended to:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address, if different)

6. The name, capacity, and mailing address of the governor(s) is amended to:

\_\_\_\_\_  
(Name) (Capacity) (Address)

\_\_\_\_\_  
(Name) (Capacity) (Address)

Typed Name: Lacey P. Elberg

Signature: \_\_\_\_\_

Capacity: Asst. Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

04/07/2017 05:00

CK: PREPAID CT: 278665 BH: 1577925

1@ 30.00 = 30.00 AMD FOR RE #2

1@ 20.00 = 20.00 EXPEDITE C #3

C97497

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

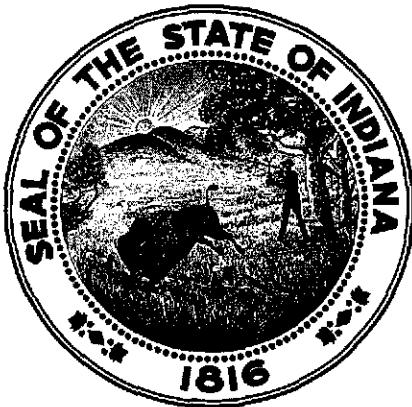
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**MEDICAL DEVICE BUSINESS SERVICES, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 01, 1992, and was in existence or authorized to transact business in the State of Indiana on March 22, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 22, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

1991110416 / 2017260222

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>