| No. <b>W 162680</b> Return to:   |                 | Due no later than Feb 28, 2018  Annual Report Form  |                              | 2. Registered Agent and Address (NO PO BOX)  DAMIAN LETTIERI |  |       |         |             |
|--|-----------------|---|------------------------------|--|--|-------|---------|-------------|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                 | 1. Mailing Address: Correct in this box if needed.  PULSATION DOC, LLC  DAMIAN LETTIERI  PO BOX 44942  BOISE ID 83711 |                              |  | 12600 W. GOLDENROD AVE BOISE ID 83713  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 |   |                              |  |  |       |         |             |
| 4. Limited Liability Compa   | nies: Enter Na  | mes and Addresses of at   | least one Member or Manager. |  |  |       |         |             |
| Office Held  | Name            |   | Street or PO Address         |  | City   | State | Country | Postal Code |
| MEMBER   | DAMIAN LETTIERI |   | PO BOX 44942                 |  | BOISE  | ID    | USA     | 83711       |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |                              |  |  |       |         |             |
| ID   |                 | Signature: damian lettieri  |                              |  | Date: 12/24/2017   |       |         |             |
| W 162680   |                 | Name (type or print): damian lettieri   |                              |  | Title: member  |       |         |             |
| Processed 12/24/2017 * Electronically provided signatures are accepted as original signatures. |                 |   |                              |  |  |       |         |             |