No. C135343	Annual Report Form Due No Later Than Novembe		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Mailing Address - Please Correct, If Not C	- Please Correct, If Not Correct STEPHEN D COUGHLIN 5449 KENDALL ST		
PO BOX 83720 BOISE, ID 83720-0080	PULSE MEDICAL PRODUCT STEPHEN D COUGHLIN	S, INC.	ID 8	33706
NO FEE REQUIRED	5449 KENDALL ST	3. Organized	3. Organized Under the Laws of:	
* FIRST NOTICE * Corporations: Enter Names a	I 3015E TO 8 Ind Addresses of President, Secretary and Di		<u> </u>	. 8
Limited Liability Companies: 6	inter Names and Addresses of Managers or	Members (check one)		
Offlice held Name	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
aco tephen D	Coughlin Street or P.O. Address 11099 Fenica Clifford 2710 Heron	<u>City</u> P20158 P2018E	70 B	3709
Jecostary KODERT H	Ellytora Zno herek	F P D D D D D D D D D D	7C &	3702
MATHRE OF RISTNE	6. I certify that this Annual Re knowledge true correct an Signature	d complete		•
MEDICAL PRODUC	Signature KODENE TS & SJPPLName Arubas Police t	H Clifford Ti	itle <u>Erre har</u> y	₂)
ISSUED: 37-06-	1995		21132	
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