

No. W 132587		Due no later than Dec 31, 2017 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		1. Mailing Address: Correct in this box if needed. BRUDER MEDICAL LLC. DAVID T ASCHENBRENER 6177 PURPLE SAGE RD STAR ID 83669		DAVID ASCHENBRENER 6177 PURPLE SAGE RD STAR ID 83669			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DAVID T ASCHENBRENER	Street or PO Address 6177 PURPLE SAGE RD		City STAR	State ID	Country USA	Postal Code 83669
5. Organized Under the Laws of: ID W 132587		6. Annual Report must be signed.* Signature: Ramona Aschenbrener Name (type or print): Ramona Aschenbrener Date: 11/26/2017 Title: Bookkeeper					
Processed 11/26/2017 * Electronically provided signatures are accepted as original signatures.							