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|--|-----------|---|--------|--|---------|-------------|--|
| No. L 5403 | | Due no later than Apr 30, 2016 | | 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 | | Annual Report Form | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | OTTO BOCK HEALTHCARE LP ALBERT J LI 11501 ALTERRA PARKWAY SUITE 600 AUSTIN TX 78758 | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | OTTO BOCK | HEALTHCARE U.S., INC. 11501 ALTERRA PARKWAY SUITE 600 | AUSTIN | TX | USA | 78758 | |
| 5. Organized Under the Laws of: ID L 5403 | | 6. Annual Report must be signed.* Signature: Albert Li Name (type or print): Albert Li | | Date: 03/25/2016 Title: Secretary | | | |
| Processed 03/25/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |