



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typ

For Office Use Only

**-FILED-**

File #: 0005329098  
Date Filed: 7/21/2023 12:26:00 PM

1. The name of the entity is: Implanted Pump Management LLC
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
 

<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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
4. Jurisdiction of formation: New Jersey  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
1401 Valley Rd, Wayne, NJ 07470  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
1401 Valley Rd, Wayne, NJ 07470  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)
8. Name and street address of registered agent in Idaho:  
Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686  
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>BCDI BHI Intermediate 2, LP</u>	<u>Member</u>	<u>1401 Valley Rd., Wayne, NJ 07470</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Jeffrey Foreman

Signature: Jeffrey Foreman

Capacity: Member

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

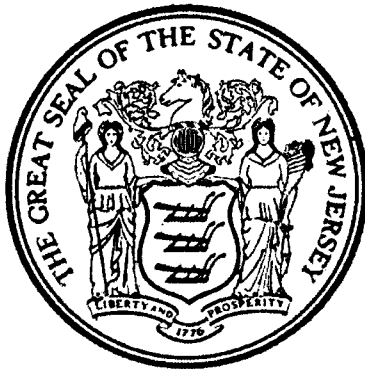
**IMPLANTED PUMP MANAGEMENT LLC  
0600478653**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 13, 2022.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**CORPORATE CREATIONS NETWORK INC  
181 NEW ROAD #304  
PARSIPPANY, NJ 07054**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
10th day of July, 2023*

**Elizabeth Maher Muoio  
State Treasurer**

Certificate Number : 6144653688

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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