No. **W 122796**	**Due no later than Mar 31, 2018** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ORTHOPEDIC OFFERINGS, LLC. HEATHER OSENGA 1411 BLUE LAKE DR HAILEY ID 83333	HEATHER OSENGA 1411 BLUE LAKE DR HAILEY ID 83333 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	HEATHER OSENGA	1411 BLUE LAKE DR	HAILEY	ID	USA	83333

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 122796**	Signature: Heather Osenga	Date: 03/06/2018
	Name (type or print): Heather Osenga	Title: OWNER

Processed 03/06/2018

* Electronically provided signatures are accepted as original signatures.