No. C 184025		Due no later than Aug 31, 2013		2. Registered A	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 1. Mailing Address: Correct in this box if needed. SMITHS MEDICAL ASD, INC. 1265 GREY FOX ROAD ST PAUL MN 55112 USA		921 S ORCH BOISE ID 8 USA	REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pro	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	STUART MORRIS HOPKINS RUSS DAVIES		1265 GREY FOX ROAD	ST PAUL	MN	USA	55112	
SECRETARY			1265 GREY FOX RD	ST PAUL	MN	USA	55112	
DIRECTOR			1265 GREY FOX ROAD	ST PAUL	MN	USA	55112	
DIRECTOR	TIBERIO ME	_0	1265 GREY FOX ROAD	ST PAUL	MN	USA	55112	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE C 184025		Signature: Megan R. Tucker		Da	Date: 09/28/2013			
		Name (type or print): Megan R. Tucker		Tit	Title: Authorized Agent			
Processed 09/28/2013 * Electronically provided signatures are accepted as original signatures.								