

No. W 88405		Due no later than Nov 30, 2012 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. MEDICAL DEVICE INNOVATIONS LLC. COREY KENT 3030 W. CHAMPAGNE CT. EAGLE ID 83616		COREY KENT 3030 W. CHAMPAGNE CT. EAGLE ID 83616			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	COREY KENT	3030 W. CHAMPAGNE CT.	EAGLE	ID	USA	83616	
MEMBER	MICHELLE KENT	3030 W. CHAMPAGNE CT.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 88405		6. Annual Report must be signed.* Signature: Corey Kent Name (type or print): Corey Kent					
		Date: 09/13/2012 Title: Member					
Processed 09/13/2012 * Electronically provided signatures are accepted as original signatures.							