No. W 140619		Due no later than Aug 31, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ASCEND MEDICAL, LLC GUS PAPANIKOLAS 655 N MILWAUKEE ST. BOISE ID 83704		1195 S LAK EAGLE ID	GUS PAPANIKOLAS 1195 S LAKE POINTE WAY EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mos and Addresses o	of at least one Member or Manager					
Office Held	Name	nes and Addresses (Street or PO Address	City	State	Country	Postal Code	
MEMBER GUS PAPANIKOLAS		KOLAS	1195 S. LAKE POINTE WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: GUS I		Date: 09/15/2015				
W 140619		Name (type or p		Title: OWNER				
* Electronically provided signatures are accepted as original signatures.								