Filing Fee: \$100.00

ın	Numbe		
w	Rulline		



1. The name of the limited partnership is .

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

APPLICATION FOR CERTIFICATE OF REGISTRATION

Pursuant to the provisions of Section 7-13-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the state of Rhode Island and for that purpose submits the following statement:

Otto Bock HealthCare L.P.

١.	(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")						
	and, if different, the name which it proposes to register a	nd transact	business in th	e state of	Rhode Island is:		
2.	The limited partnership is organized under the laws of MN and the date of its formation is March 11, 2002						
3.	The general character of the business it proposes to transact in Rhode Island is:						
	Medical Device Sales		-				
4.	The name and address of the agent for service of process is CT Corporation System (Name of Agent)						
	10 Weybosset Street	Providenc		RI 029	103		
	(Street Address, <u>not</u> P.O. Box)	(Ci	ty/Town)	·	(Zip Code)		
5.	The foreign limited partnership hereby agrees that if the service of process or, if appointed, the agent's authority has with the exercise of reasonable diligence, the foreign limited of Rhode Island as its agent for service of process.	s been revok	ced or if the ag	ent cannot b	e found or served		
6.	The address of the office required to be maintain in the starequired, of the principal office of the foreign limited partners	hip is:					
	Two Carlson Parkway North Suite 100				19.0		
	Two Carkon Parkway North, Suite 100 Plymouth, MM 55447-4467			F	LEU		
	,			'AL	124 2008 _M		

7.	 The name and business address of each general 	The name and business address of each general partner is:					
	General Partner	Business Address					
	Otto Bock HeathCare U.S., Inc. To	no Carlson Parkney North, Suite 100 Plymouth, MM 53447-4467					
8.	 The address of the office at which is kept a list contributions, together with an undertaking be limited partnership's registration in this state is 	st of the names and addresses of the limited partners and their capital y the foreign limited partnership to keep those records until the foreign s cancelled or withdrawn is:					
	Two Larlson Parkway Morth, Suite 1	00					
	Plymouth, Mn 55447-4467						
9.	A mailing address for the foreign limited partnership is Two Carlson Parkway North, Suite 100 Plymouth, Mn 55447-4467						
10.	As of the date of this filing, the foreign limited jurisdiction of its formation.	partnership validly exists as a limited partnership under the laws of the					
	e L	Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign imited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.					
Da	Date: 11105	Otto Rock Health Care LP Print Exact Name of Limited Partnership Making Application					
	E	By School Secretary General Partner					

State of Minnesota

SECRETARY OF STATE

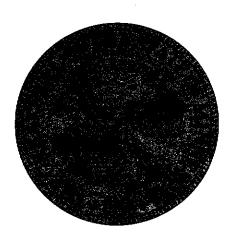
Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited partnership listed below is a limited partnership formed under the laws of Minnesota; that the limited partnership was formed pursuant to Minnesota Statutes, by the filing of a Certificate of Limited Partnership with the Office of the Secretary of State on the date listed below; and that this limited partnership is authorized to do business as a limited partnership at the time this certificate is issued.

Name: Otto Bock HealthCare LP

Date Formed: 03/11/2002

This certificate has been issued on 01/15/08.



Mark Ritchie Secretary of State.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

