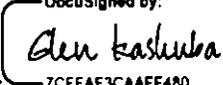


10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY <i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.</i>	
Type or Print Name of Limited Liability Company Highridge Medical, LLC	
Signature of Authorized Person <small>DocuSigned by:</small>  <small>7CFFAF3CAAFF480...</small>	Date 6/12/2024 6:42:11 PM
Signature of Authorized Person	Date

Type or Print Name of Corporation Zimmer Biomet Spine, Inc.	
Signature of Authorized Person <small>DocuSigned by:</small>  <small>7CFFAF3CAAFF480...</small>	Date 6/12/2024 6:42:11 PM
Signature of Authorized Person	Date

Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date

Type or Print Name of Other Entity	
Signature of Authorized Person	Date
Signature of Authorized Person	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
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:

August 20, 2024 01:37 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

