

1.) CORPORATION NAME:

**Orbit Medical of Portland, Inc.**

DUE DATE: **1/31/2012**

SCC ID NO: **F1777558**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
BUSINESS FILINGS INCORPORATED  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**UT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4424 S 700 E STE 200

CITY/ST/ZIP: SALT LAKE CITY, UT 84107-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SHAWN ROSS  
TITLE: PRES, SECR  
ADDRESS: 11429 CAMDEN PARK LANE  
CITY/ST/ZIP/CO: DRAPER, UT 84020-

OFFICER

DIRECTOR

NAME: ROB GALLUP  
TITLE: CEO, TREASURER  
ADDRESS: 13278 S ASHWOOD GLEN DR  
CITY/ST/ZIP/CO: DRAPER, UT 84020-

OFFICER

DIRECTOR

NAME: ROB GALLUP  
TITLE: CHAIRMAN  
ADDRESS: 13278 S ASHWOOD GLEN DR  
CITY/ST/ZIP/CO: DRAPER, UT 84020-

OFFICER

DIRECTOR

NAME: SHAWN ROSS  
TITLE: DIRECTOR  
ADDRESS: 11429 CAMDEN PARK LANE  
CITY/ST/ZIP/CO: DRAPER, UT 84020-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SHAWN ROSS

SHAWN ROSS, PRES, SECR

1/3/2012

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.