

No. W 5510

Due no later than February 29, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SOUTHERN IDAHO CARDIOLOGY ASSOCIATE
414 SHOUP AVE W #B
TWIN FALLS, ID 83301

REED HARRIS
414 SHOUP AVE W #B
TWIN FALLS, ID 83301

3. New Registered Agent Signature

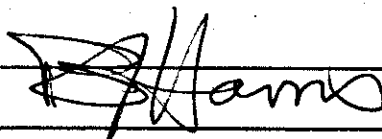
NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Reed J. Harris	3375 N. 3000 E.	Twin Falls,	Idaho	83301
Member	David L. Kemp	2521 Stadium Blvd.	Twin Falls,	Idaho	83301
Member	Daniel C. Brown	771 Riverview Dr.	Twin Falls,	Idaho	83301

5. Organized Under the Laws of:
IDAHO

6. Signature



Date

12/12/07