

No. W 2526	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX IDAHO SERVICE COMPANY 101 S CAPITOL BLVD 10TH FL BOISE, ID 83702																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BOISE HEART CLINIC PHYSICIANS, PLLC JAMES W SMITH 287 W JEFFERSON ST BOISE, ID 83702		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"><i>Managing member</i></td> <td style="vertical-align: top;"><i>James W Smith</i></td> <td style="vertical-align: top;"><i>287 W Jefferson</i></td> <td style="vertical-align: top;"><i>Boise</i></td> <td style="vertical-align: top;"><i>ID</i></td> <td style="vertical-align: top;"><i>83702</i></td> </tr> <tr> <td style="vertical-align: top;"><i>Member</i></td> <td style="vertical-align: top;"><i>Robert S Lee</i></td> <td style="vertical-align: top;"><i>same</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	<i>Managing member</i>	<i>James W Smith</i>	<i>287 W Jefferson</i>	<i>Boise</i>	<i>ID</i>	<i>83702</i>	<i>Member</i>	<i>Robert S Lee</i>	<i>same</i>			
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5. Organized Under the Laws of: IDAHO W 2526		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature <i>Gregory R. Brans</i></td> <td style="width: 50%;">Date <i>4-15-05</i></td> </tr> <tr> <td>Name (Typed & Printed) <i>Gregory R. Brans</i></td> <td>Title <i>Practice Admin</i></td> </tr> </table>		Signature <i>Gregory R. Brans</i>	Date <i>4-15-05</i>	Name (Typed & Printed) <i>Gregory R. Brans</i>	Title <i>Practice Admin</i>														
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