No. <b>W 57650</b>		Due no later than Dec 31, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SOUTHERN IDAHO CARDIOLOGY, PLLC JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303		401 GOODING TWIN FALLS	DAVID KEMP, MD 401 GOODING ST N, SUITE 201 TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nar	nes and Address	es of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID KEMP	, MD	775 POLE LINE RD W #112	TWIN FALLS	ID	USA	83301	
MEMBER REED J HAR		RRIS	3375 NORTH 3000 EAST	TWIN FALLS	ID	USA	83301	
MEMBER			775 POLE LINE RD W #112	TWIN FALLS	ID	USA	83301	
MEMBER	DENNIS ENC	РМОТО	775 POLE LINE RD W #112	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John Coleman			Date: 10/23/2013			
W 57650		Name (type o	r print): John Coleman		Title: Agent			
Processed 10/23/2013	* Electronically provided signatures are accepted as original signatures.							