

No. W 57650		Due no later than Dec 31, 2009		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		DAVID KEMP, MD 414 SHOUP AVE WEST TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID KEMP, MD	414 SHOUP AVE WEST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 57650		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 10/21/2009 Title: Agent					
Processed 10/21/2009		* Electronically provided signatures are accepted as original signatures.					