


<p>No. <b>W 52468</b></p>	<p align="center"><b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017</b></p>		<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b></p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. <b>Mailing Address: Correct in this box if needed.</b> NORTHWEST CARDIOLOGY CONSULTANTS, LLC PETER ROAN 3310 E RIVERNEST LN BOISE ID 83706</p>		<p>PETER ROAN 1524 12TH AVE RD NAMPA ID 83686</p>																																			
<p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>			<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b></p>																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Peter Roan</td> <td>3310 E RIVERNEST LN</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Peter Roan	3310 E RIVERNEST LN	BOISE	ID		83706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:  <b>IDAHO W 52468</b></p>	<p>6. Signature: </p> <p>Date: <b>10/28/17</b></p> <hr/> <p>Name (type or print): <b>Peter Roan</b></p> <p>Title: <b>Resident</b></p>																																					
<p>Issued 10/28/2017 by online</p>																																						