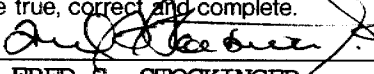


No. 307	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office	
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		WINSTON V BEARD 683 N CAPITAL AVE IDAHO FALLS ID 83405	
	1. Mailing Address — <i>Please Print or Type</i> ROCKY MOUNTAIN CARDIO-VASCULAR WINSTON V BEARD 683 N CAPITAL AVE IDAHO FALLS ID 83405			
	4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)		3. Organized Under The Laws of ID NO: 307	
<div style="display: flex; justify-content: space-between;"> <div> <u>Name</u> FRED S. STOCKINGER </div> <div> <u>Street or P.O. Address</u> 2860 CHANNING WAY, STE. 102 </div> <div> <u>City</u> IDAHO FALLS ID </div> <div> <u>State</u> ID </div> <div> <u>Zip</u> 83404 </div> </div>				
5. Signature of the Current Registered Agent (if changed in block 2) _____		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name (Typed or Printed) FRED S. STOCKINGER </div> <div> Date 23 Sep 94 </div> </div>		