No. **W 2526**	**Due no later than Jun 30, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** BOISE HEART CLINIC PHYSICIANS, PLLC JAMES W SMITH 287 W JEFFERSON ST BOISE ID 83702	JAMES W SMITH 287 W JEFFERSON ST BOISE ID 83702 3. New 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	JAMES W SMITH	287 W JEFFERSON	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: James W. Smith	Date: 04/17/2012
W 2526	Name (type or print): James W. Smith	Title: Member

Processed 04/17/2012

* Electronically provided signatures are accepted as original signatures.