

No. W 52468	Due no later than Jul 31, 2008 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. CARDIOLOGY PEER REVIEW, LLC PETER ROAN 3310 E RIVERNEST LN BOISE ID 83706		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
			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	PETER ROAN	3310 E RIVERNEST LN	BOISE	ID	USA	83706
MEMBER	CARI M COLEMAN	3310 E RIVERNEST LN	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID W 52468	6. Annual Report must be signed.* Signature: Peter Roan Name (type or print): Peter Roan		Date: 08/05/2008 Title: Principal			
Processed 08/05/2008		* Electronically provided signatures are accepted as original signatures.				