

No. C 62047		Due no later than Sep 30, 2014 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 PROFESSIONAL ASSOCIATION JAMES W. SMITH JAMES W. SMITH M.D. 11606 CARTWRIGHT ROAD BOISE ID 83714 USA		JAMES W SMITH MD 11606 CARTWRIGHT ROAD BOISE ID 83714			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JAMES W SMITH, MD	11606 CARTWRIGHT ROAD	BOISE	ID	USA	83714	
SECRETARY	MARY B SMITH	11606 CARTWRIGHT ROAD	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID C 62047		6. Annual Report must be signed.* Signature: James W. Smith Name (type or print): James W. Smith					
		Date: 07/15/2014 Title: President					
Processed 07/15/2014		* Electronically provided signatures are accepted as original signatures.					