No. W 2526		Due no later than Jun 30, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 100000000000000000000000000000000000	JAMES W SMITH 11606 CARTWRIGHT ROAD BOISE ID 83714 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BOISE HEART CLINIC PHYSICIANS, PLLC JAMES W SMITH 11606 CARTWRIGHT ROAD BOISE ID 83714 USA		BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>Ivev</u> Registered Agent Signature.				
4. Limited Liability Con	npanies: Enter Na	mes 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		11606 CARTWRIGHT ROAD	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jame		Date: 04/29/2015				
W 2526		Name (type or p		Title: President				
Processed 04/29/2015 * Electronically provided signatures are accepted as original signatures.								