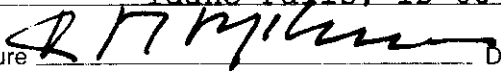


No. W 6311	Due no later than June 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable EASTERN IDAHO CARDIOLOGY ASSOCIATES C. TIMOTHY HOPKINS 428 PARK AVE IDAHO FALLS, ID 83402	C. TIMOTHY HOPKINS 428 PARK AVE IDAHO FALLS, ID 83402
		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	B. Shields	Stutts, M.D.	2860 Channing Way,	Ste.	105
			Idaho Falls,	ID	83404
Member	Ricky D.	Latham, M.D.	2860 Channing Way,	Ste.	105
			Idaho Falls,	ID	83404
Member	Thomas J.	Maley, M.D.	2860 Channing Way,	Ste.	105
			Idaho Falls,	ID	83404
Member	Joseph P.	Johns, M.D.	2860 Channing Way,	Ste.	105
			Idaho Falls,	ID	83404
Member	Patric D.	Gorman, M.D.	2860 Channing Way,	Ste.	105
			Idaho Falls,	ID	83404

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W6311</div>	6.  Signature _____ Date <u>4-8-04</u> Name <small>(Typed or Printed)</small> <u>C. Timothy Hopkins</u> Title <u>Registered Agent</u>
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