

No. W 5510	Due no later than Feb 28, 2001		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	Annual Report Form		WAYNE E WRIGHT MD 526 SHOUP AVE W TWIN FALLS, ID 83301																		
	1. Mailing Address - Correct in this box, if applicable SOUTHERN IDAHO CARDIOLOGY ASSOCIATE WAYNE F WRIGHT MD 526 SHOUP AVE W TWIN FALLS, ID 83301																				
4. Limited Liability Companies: Enter Names and Addresses of Members.																					
<table border="1"> <thead> <tr> <th data-bbox="360 414 513 440"><u>Office held</u></th> <th data-bbox="535 414 819 440"><u>Name</u></th> <th data-bbox="819 414 1321 440"><u>Street or P.O. Address</u></th> <th data-bbox="1321 414 1517 440"><u>City</u></th> <th data-bbox="1517 414 1692 440"><u>State</u></th> <th data-bbox="1692 414 1845 440"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="360 450 513 502">MEMBER</td> <td data-bbox="535 450 906 502">WAYNE WRIGHT, MD</td> <td data-bbox="950 450 1386 502">414 SHOUP AVE. W. #B</td> <td data-bbox="1386 450 1692 502">TWIN FALLS,</td> <td data-bbox="1692 450 1845 502">ID</td> <td data-bbox="1845 450 1845 502">83301</td> </tr> <tr> <td data-bbox="360 512 513 564">MEMBER</td> <td data-bbox="535 512 819 564">REED HARRIS,</td> <td data-bbox="950 512 1386 564">✓</td> <td data-bbox="1386 512 1692 564">✓</td> <td data-bbox="1692 512 1845 564"></td> <td data-bbox="1845 512 1845 564"></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	WAYNE WRIGHT, MD	414 SHOUP AVE. W. #B	TWIN FALLS,	ID	83301	MEMBER	REED HARRIS,	✓	✓		
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MEMBER	REED HARRIS,	✓	✓																		
5. Organized Under the Laws of: IDAHO W 5510	6. Signature  Date <u>1-9-01</u> Name (Typed or Printed) <u>WAYNE WRIGHT, MD</u> Title: <u>MEMBER</u>																				