No. **W 5510**	**Due no later than Feb 28, 2014**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SOUTHERN IDAHO CARDIOLOGY ASSOCIATES, P.L.L.C. REED HARRIS P.O. BOX 1293 TWIN FALLS ID 83303-1293	REED HARRIS 3375 N 3000 E TWIN FALLS ID 83301 3. New 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	DANIEL C. BROWN	771 RIVERVIEWDRIVE	TWIN FALLS	ID	USA	83301
MEMBER	DAVID L. KEMP	2521 STADIUM BLVD.	TWIN FALLS	ID	USA	83301
MEMBER	REED J. HARRIS	3375 N. 3000 E.	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 5510**	Signature: John Coleman	Date: 01/02/2014
	Name (type or print): John Coleman	Title: Agent

Processed 01/02/2014

* Electronically provided signatures are accepted as original signatures.