No. W 88397		Due no later than Nov 30, 2015	Registered Agent and Address (NO PO BOX) JAMES MICHAEL BOYD 3450 PLANTATON RIVER DR BOISE ID 83703			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.				
		CARDIAC PERSPECTIVES, LLC KAREN BOYD PO BOX 140095	DOISE ID 03703			
		GARDEN CITY ID 83714	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compan	ies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager Karen Boyi		PO BOX 140095	GARDEN CITY	ID	USA	83714
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 88397		Signature: Karen Boyd	Date: 10/01/2015			
		Name (type or print): Karen Boyd	Title: Controller/Manager			
Processed 10/01/2015 * Electronically provided signatures are accepted as original signatures.						