No. C 62047		Due no later than Sep 30, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JAMES W SMITH MD 287 W JEFFERSON BOISE ID 83702			
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 PROFESSIONAL ASSOCIATION JAMES W. SMITH JAMES W. SMITH M.D. 287 WEST JEFFERSON BOISE ID 83702 USA		N - 1 CONTON NO. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
				3. <u>New</u> Regis	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	JAMES W SMITH, MD MARY B SMITH		287 W. JEFFERSON 287 W. JEFFERSON	BOISE BOISE	ID ID	USA USA	83702 83702	
5. Organized Under the Laws of:		6. Annual Repo						
ID		Signature: Ja		Date: 07/15/2013				
C 62047		Name (type o		Title: President				
Processed 07/15/2013	rocessed 07/15/2013 * Electronically provided signatures are accepted as original signatures.							