

No. **W 2526****Due no later than Jun 30, 2003
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

1. Mailing Address - Correct in this box, if applicable

BOISE HEART CLINIC PHYSICIANS, PLLC
JAMES W SMITH
287 W JEFFERSON STIDAHO SERVICE COMPANY
101 S CAPITOL BLVD 10TH FL

BOISE, ID 83702

**NO FILING FEE IF
RECEIVED BY DUE DATE**

BOISE, ID 83702

3. New 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>
<i>Presiding Member</i>	<i>Rbt S. Lee</i>	<i>287 W. Jefferson St</i>	<i>Boise</i>	<i>ID</i>	<i>83702</i>
<i>Member</i>	<i>James W. Smith</i>	<i>287 W. Jefferson St</i>	<i>Boise</i>	<i>ID</i>	<i>83702</i>
<i>Member</i>	<i>Charles M. Rasmussen</i>	<i>287 W. Jefferson St.</i>	<i>Boise</i>	<i>ID</i>	<i>83702</i>

5. Organized Under the Laws of:

IDAHO
W 2526

6.

Signature

James W. Smith

Date

*5-1-2003*Name
(Typed or Printed)*JAMES W. SMITH*

Title

Issued 04/01/2003

Do Not Tape or Staple

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