

No. W 52468		Due no later than Jul 31, 2009 Annual Report Form		2. Registered Agent and Address (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 needed. CARDIOLOGY PEER REVIEW, LLC PETER ROAN 3310 E RIVERNEST LN BOISE ID 83706		INCORP SERVICES INC 921 S ORCHARD ST STE G BOISE ID 83705 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	PETER ROAN	3310 E RIVERNEST LN	BOISE	ID	USA	83706	
MEMBER	CARI M COLEMAN	3310 E RIVERNEST LN	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 52468		6. Annual Report must be signed.* Signature: Peter Roan Name (type or print): Peter Roan					
		Date: 08/09/2009 Title: President					
Processed 08/09/2009		* Electronically provided signatures are accepted as original signatures.					