

No. <b>W 52468</b>		<b>Due no later than Jul 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> 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			
				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:		6. Annual Report must be signed.*					
<b>ID W 52468</b>		Signature: Peter Roan				Date: 08/09/2009	
		Name (type or print): Peter Roan				Title: President	
Processed 08/09/2009		* Electronically provided signatures are accepted as original signatures.					