No. W 631	1	Due no later than Jun 30, 2001	2. Registered Agent and Office NO PO BOX	
INO.		Annual Report Form	C. TIMOTHY HOPKINS	
Return to:		Mailing Address - Correct in this box, if applicable	F XXX 5012 X5X	
SECRETARY OF STATE		EASTERN IDAHO CARDIOLOGY ASSOCIATES	428 Park Avenue	
700 WEST JEFFERSON		C. TIMOTHY HOPKINS	IDAHO FALLS, ID 83402	
PO BOX 83720 BOISE, ID 83720-0080		BXODK 341% YAX	,,	
BOISE, ID 63720-0000		428 Park Avenue	3. New Registered Agent Signature	
NO FILING FEE IF		IDAHO FALLS, ID 83402	o. Item (togistered ) igonic digitalist	
RECEIVED BY DUE DATE				
RECEIVED BY	DUE DATE	Fater Names and Addrosses of Members		
4. Limited Liability Companies: Enter Names and Addresses of Members.				
Office held	Name	Street or P.O. Address City	<u>State</u> <u>Zip</u>	
Member	lember Ricky D. Latham, M.D. 2860 Channing Way, Ste. 105 Idaho Falls, ID 83404			
Member Thomas J. Maley, M.D. Same as above Member B. Shields Stutts, M.D. Same as above Member Joseph P. Johns, M.D. Same as above				
		•	•	
5. Organized Under the Laws of:		6. 0/7m1/m	Date April 23, 2001	
IDAHO		Signatule	T:41	
W 6311		Name (Typed or C. Timothy Hopkir	Title: As XMXXXX Registered Ager	
Issued 04/02/2001		Do Not Tape or Staple	1539	

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