

No. <b>W 3530</b>		<b>Due no later than Feb 28, 2011</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>Annual Report Form</b>		GREGORY R HODSON MD 2860 CHANNING WAY STE 112 IDAHO FALLS ID 83404			
		<b>1. Mailing Address: Correct in this box if needed.</b> MOUNTAIN STATES CARDIOVASCULAR AND THORACIC SURGERY, P.L.L.C. GREGORY R HODSON MD 2860 CHANNING WAY #112 IDAHO FALLS ID 83404		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	GREGORY R HODSON MD	2860 CHANNING WAY STE 112	IDAHO FALLS	ID	USA	83404	
MEMBER	MICHAEL H DENYER MD	2860 CHANNING WAY STE 112	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 3530</b>		Signature: Lisa Alcox			Date: 03/10/2011		
		Name (type or print): Lisa Alcox			Title: Office Manager		
Processed 03/10/2011		* Electronically provided signatures are accepted as original signatures.					