No. <b>W 5510</b>		D	Oue no later than Feb 28, 2009	2. Registered Agent and Address (NO PO BOX)											
Return to:		Annual Report Form		NOTES OF THE PROPERTY OF THE PARTY OF THE PA	REED HARRIS										
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SOUTHERN IDAHO CARDIOLOGY ASSOCIATES, P.L.L.C. REED HARRIS 414 SHOUP AVE W #B TWIN FALLS ID 83301		414 SHOUP AVE W #B TWIN FALLS ID 83301  3. New Registered Agent Signature:*											
								NO FILING FEE IF RECEIVED BY DUE DATE							
								4. Limited Liability Compar	nies: Enter Nar	nes and Address	ses of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code								
MEMBER DANIEL C. B			771 RIVERVIEWDRIVE	TWIN FALLS	ID	USA	83301								
MEMBER DAVID L. KE			2521 STADIUM BLVD.	TWIN FALLS	ID	USA	83301								
MEMBER REED J. HAI		RRIS	3375 N. 3000 E.	TWIN FALLS	ID	USA	83301								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID		Signature: Reed Harris		Date: 12/16/2008											
W 5510		Name (type or print): Reed Harris		Title: Partner											
Processed 12/16/2008 * Electronically provided signatures are accepted as original signatures.															