

No. W 2526	Due no later than Jun 30, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BOISE HEART CLINIC PHYSICIANS, PLLC JAMES W SMITH 287 W JEFFERSON ST BOISE ID 83702		JAMES W SMITH 287 W JEFFERSON ST BOISE ID 83702			
			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	JAMES W SMITH	287 W JEFFERSON	BOISE	ID	USA	83702
MEMBER	ROBERT S LEE	287 W JEFFERSON	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 2526	6. Annual Report must be signed.* Signature: James W. Smith Name (type or print): James W. Smith		Date: 04/09/2010 Title: Partner			
Processed 04/09/2010		* Electronically provided signatures are accepted as original signatures.				