

No. W 5510	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX WAYNE E WRIGHT MD 526 SHOUP AVE W TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SOUTHERN IDAHO CARDIOLOGY AS WAYNE F WRIGHT MD 526 SHOUP AVE W TWIN FALLS ID 83301		3. Organized Under the Laws of: ID W 5510
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
MEMBER	WAYNE WRIGHT, MD	526 SHOUP AVE W SUITE E	TWIN FALLS
MEMBER	REED HARRIS, DO	✓	✓
✓	✓	✓	✓
5. Signature of New Registered Agent		6.	
		Signature <u>Joanne Wright</u>	Date <u>8-12-99</u>
		Name (Typed or Printed) <u>JOANNE WRIGHT</u>	Title <u>QA Manager</u>

ISSUED: 07-03-1999

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