

# REINSTATEMENT

<b>No. W 57650</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 03/06/2009 1. Mailing Address - Correct in this box, if applicable SOUTHERN IDAHO CARDIOLOGY, PLLC 414 SHOUP AVE WEST P.O. Box 1293 TWIN FALLS, ID <del>83304</del> 83303-1293	2. Registered Agent and Office <b>NOT A P.O. BOX</b> DAVID KEMP, MD 114 SHOUP AVE WEST TWIN FALLS, ID 83301  3. <u>New</u> registered agent signature
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4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of management.  
 Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	David L. Kemp	P.O. Box 1293	Twin Falls,	ID	83303
member	Reed J. Harris	" "	"	"	"
member	Daniel C. Brown	" "	"	"	"
Member	Dennis Enomoto	" "	"	"	"

  

5. Organized under the laws of:  IDAHO W 57650	6. Signature _____ Date <u>3 Apr 09</u> Name (Typed or Printed) <u>David Kemp</u> Title <u>member</u>
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