

No. C 108724		Due no later than Dec 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO HEART INSTITUTE P.C. WINSTON BEARD 2105 CORONADO ST IDAHO FALLS ID 83404		WINSTON BEARD 2105 CORONADO ST IDAHO FALLS ID 83404		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOHN D CHAMBERS	2985 CORTEZ AVE.	IDAHO FALLS	ID	USA	83404
SECRETARY	DOUGLAS U BLANK	2985 CORTEZ AVE.	IDAHO FALLS	ID	USA	83404
SECRETARY	WINSTON V BEARD	2105 CORONADO STREET	IDAHO FALLS	ID	USA	83404
DIRECTOR	JOHN D CHAMBERS	2985 CORTEZ AVE.	IDAHO FALLS	ID	USA	83404
DIRECTOR	DOUGLAS U BLANK	2985 CORTEZ AVE	IDHAO FALLS	ID	USA	83404
DIRECTOR	KIM J COFFMAN	2985 CORTEZ AVE.	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 108724		6. Annual Report must be signed.* Signature: Winston V. Beard Name (type or print): Winston V. Beard Date: 01/28/2014 Title: Registered Agent				
Processed 01/28/2014		* Electronically provided signatures are accepted as original signatures.				