No. W 6311	Due no	Due no later than Jun 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:	Anı	Annual Report Form		PATRICK D GORMAN MD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. EASTERN IDAHO CARDIOLOGY ASSOCIATES, P.L.L.C. CHRIS GNEITING 2001 S WOOD VIF AVE STE 12A		2001 S WOODRUFF AVE STE 12A IDAHO FALLS ID 83404-6372 3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF	IDAHO FALLS ID	IDAHO FALLS ID 83404-6372		3. <u>New</u> Registered Agent Signature:			
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	lames and Addresses of	at least one Member or Manager.	•				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ANDREW	J CARTER D.O.	2001 S WOODRUFF AVE STE 12A	IDAHO FALLS	ID	USA	83404-6372	
MEMBER PATRICK	D GORMAN M.D.	2001 S WOODRUFF AVE STE 12A	IDAHO FALLS	ID	USA	83404-6372	
MEMBER THOMAS	J. MALEY M.D.	2001 S WOODRUFF AVE STE 12A	IDAHO FALLS	ID	USA	83404-6372	
5. Organized Under the Laws of:	6. Annual Report mus	6. Annual Report must be signed.*					
ID Signature: Patrick		D Gorman Date: 04/15/2011					
W 6311	Name (type or prin	Name (type or print): Patrick D Gorman		Title: Managing Member			
Processed 04/15/2011	* Electronically provided signatures are accepted as original signatures.						