

<b>No. W 5510</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Feb 28, 2002</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable SOUTHERN IDAHO CARDIOLOGY ASSOCIATE WAYNE F WRIGHT MD 414 SHOUP AVE W #B  TWIN FALLS, ID 83301	2. Registered Agent and Office <b>NO PO BOX</b> WAYNE E WRIGHT MD 414 SHOUP AVE W #B  TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.
 

<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	414 SHOUP AVE W.	T.F.	ID.	83301
MEMBER	REED HARRIS	414 SHOUP AVE. W	T.F.	ID	83301

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 5510</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Joanne Wright</u></td> <td style="width: 40%;">Date <u>12/13/01</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>JOANNE WRIGHT</u></td> <td>Title <u>OFF MGR</u></td> </tr> </table>	Signature <u>Joanne Wright</u>	Date <u>12/13/01</u>	Name (Typed or Printed) <u>JOANNE WRIGHT</u>	Title <u>OFF MGR</u>
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