No. W 6311		Due no later than Jun 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. EASTERN IDAHO CARDIOLOGY ASSOCIATES, P.L.L.C. CHRIS GNEITING 2001 S WOODRUFF AVE STE 12A		2. Registered Agent and Address (NO PO BOX) PATRICK D GORMAN MD 2001 S WOODRUFF AVE STE 12A IDAHO FALLS ID 83404-6372			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE							
		IDAHO FALLS ID 83404-6372		3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Na	mes and Addresses o	f at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	THOMAS J.	MALEY M.D.	2860 CHANNING WAY STE 225	IDAHO FALLS	ID	USA	83404
MEMBER B. SHIELDS S		STUTTS, M.D.	2860 CHANNING WAY STE 225	IDAHO FALLS	ID	USA	83404
MEMBER RICKY D. LA		ATHAM, M.D.	2860 CHANNING WAY STE 225	IDAHO FALLS	ID	USA	83404
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	JOHN E LAS	SSETTER MD	2001 S WOODRUFF AVE STE 12A	IDAHO FALLS	ID	USA	83404-6372
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Patrick D Gorman MD		Date: 05/12/2014			
W 6311		Name (type or print): Patrick D Gorman MD		Title: Registered Agent			
Processed 05/12/2014		* Electronically provi	ded signatures are accepted as original sig	gnatures.			