No. **W 6311**	**Due no later than Jun 30, 2009**	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.** EASTERN IDAHO CARDIOLOGY ASSOCIATES, P.L.L.C. CHRIS GNEITING 2001 S WOODRUFF AVE STE 12A IDAHO FALLS ID 83404-6372	PATRICK D GORMAN MD 2001 S WOODRUFF AVE STE 12A IDAHO FALLS ID 83404-6372 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	THOMAS J. MALEY M.D.	2001 S WOODRUFF AVE STE 12A	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 6311**	Signature: Patrick D Gorman, Md	Date: 04/14/2009
	Name (type or print): Patrick D Gorman, Md	Title: Managing Member

Processed 04/14/2009

* Electronically provided signatures are accepted as original signatures.