

No. W 5510

Due no later than February 28, 2005
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

REED HARRIS
414 SHOUP AVE W #B
TWIN FALLS, ID 83301

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Reed Harris, DO	414 Shoup Ave W	Twin Falls	ID	83301
member	David Kemp, MD	414 Shoup Ave W	Twin Falls	ID	83301
member	Daniel Bronon, MD	414 Shoup Ave W	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
W 5510

6.

Signature

Date

14 Dec 04

Name

(Typed or Printed)

Reed Harris, DO

Title

member / DO