No. W 5510		Due no later than Feb 28, 2015	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form	REED HARRIS				
SECRETARY OF STATE	1. Ma	1. Mailing Address: Correct in this box if needed. 3375 N 3000 E TWIN FALLS 83301					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	REED I	SOUTHERN IDAHO CARDIOLOGY ASSOCIATES, P.L.L.C. REED HARRIS P.O. BOX 1293					
	TWIN F	FALLS ID 83303-1293	3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: E	nter Names and A	ddresses of at least one Member or Manager.					
Office Held Nam	е	Street or PO Address	City	State	Country	Postal Code	
MEMBER DANIEL C. BROWN		771 RIVERVIEWDRIVE	TWIN FALLS	ID	USA	83301	
	D L. KEMP	2521 STADIUM BLVD.	TWIN FALLS	ID	USA	83301	
MEMBER REED J. HARRIS		3375 N. 3000 E.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of	: 6. Annual	6. Annual Report must be signed.*					
ID	Signati	Signature: John Coleman			Date: 01/28/2015		
W 5510	Name	(type or print): John Coleman	Title: Agent				
Processed 01/28/2015	sed 01/28/2015 * Electronically provided signatures are accepted as original signatures.						