· \\/ EE11}	Due no later than February 29, 2004	2. Registered Agent and Office NO PO BOX
No. W 5510	Annual Report Form	WAYNEE WRIGHT MD REED HARRIS
Return to:	Correct in this box if applicable	414 SHOUP AVE W #B
SECRETARY OF STATE	SOUTHERN IDAHO CARDIOLOGI AGGGOIATE	- 1/2 and a
700 WEST JEFFERSON	WAYNE E-WRIGHT MD	TWN FALLS 1D 83801
PO BOX 83720	414 SHOUP AVE W #B	Tamo.
BOISE, ID 83720-0080		3. New Registered Agent Signature
	TWIN FALLS, ID 83301	REED HARRIS. DO
NO FILING FEE IF		
RECEIVED BY DUE DATE	T. Alivers and Addresses of Members.	
4. Limited Liability Com	panies: Enter Names and Addresses of Members	City State Zip
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member Reed member Davi  5. Organized Under the Laws	s of: 6.	)Date
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