

No. **W 5510**

Due no later than February 29, 2004
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 E. WRIGHT MD
414 SHOUP AVE W #B

~~WAYNE E. WRIGHT MD~~ **Reed Harris**
414 SHOUP AVE W #B

TWIN FALLS, ID 83301

3. New Registered Agent Signature

REED HARRIS, DO

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member	Wayne Wright MD	414 Shoup Ave. W. #B	TWIN FALLS	ID	83301
member	Reed Harris, DO				
member	David Kemp, MD				

5. Organized Under the Laws of:

IDAHO
W 5510

6.

Signature

Name (Typed or Printed)

Reed Harris

Date

1-6-04

Title

MEMBER