## APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP



To the Secretary of State of Idah 20 4 05 PM 196 PO Box 83720

Boise, ID 83720-0080

SECRETAIN OF STATE
The undersigned partnership hereby applies for registration as actimited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1.	The name of the partnership is	onsus Radiology Group, LLP .
2.	It's principal office is located at410 S. Orci	hard, Suite 116; Boise, Idaho 83705
3.	It's registered office in Idaho is located at 4	
		, and the name of the registered
4.	The partnership is organized in the state of	Idaho .
5. 6.	The nature of it's business is the practice of medicine with specialty in radiology and medical imaging.  The name(s) and address(es) of at least one partner:	
	<u>Name</u>	Address
		<u> </u>
	Avery D. Pratt, M.D., P.A. 4	10 S. Orchard, Suite 116; Boise, ID 83705
	Avery D. Pratt, M.D., P.A. 4	
7.		
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•	Other matters (optional):  Signature(s) of at least one partner listed in item 6.  AVERY D. PRATT, M.D., P.A.	Secretary of State use only COL IDAHO SECRETARY OF STATE DATE 03/21/1996 0900 47270

Fee: \$100 if typed with no attachments

\$120 if not typed or if attachments are included