

No. C 146892		Due no later than Dec 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. KOOTENAI RIVER RADIOLOGY, P.C. MICHAEL G MELENDEZ MD 2789 E SPYGLASS COEUR D'ALENE ID 83815		MICHAEL G MELENDEZ MD 2789 E SPYGLASS COEUR D'ALENE ID 83815			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	POLLY A MELENDEZ	2789 E SPYGLASS	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 146892		Signature: Michael Melendez Md				Date: 11/07/2009	
		Name (type or print): Michael Melendez Md				Title: President	
Processed 11/07/2009		* Electronically provided signatures are accepted as original signatures.					