

No. W 9393		Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Address (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 needed. INTERMOUNTAIN MEDICAL IMAGING, LLC JEFFREY R CLIFF 877 W MAIN STE 603 BOISE ID 83702		JEFFREY R CLIFF 877 W MAIN STE 603 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	STEVEN BROWN	1055 N. CURTIS	BOISE	ID	USA	83706	
MEMBER	BLAIN PETERSON	1055 N. CURTIS	BOISE	ID	USA	83706	
MEMBER	LINDA PAYNE SMITH	1055 N. CURTIS	BOISE	ID	USA	83706	
MEMBER	CURTIS COULAM	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MEMBER	JASON SALBER	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MEMBER	ANTHONY GIAUQUE	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MEMBER	SHANE MCGONEGLE	877 WEST MAIN STREET STE 603	BOISE	ID	USA	83702	
MANAGER	RODNEY REIDER	1055 N. CURTIS	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 9393		6. Annual Report must be signed.* Signature: Jeffrey R. Cliff Name (type or print): Jeffrey R. Cliff					
		Date: 05/12/2014 Title: Executive Director					
Processed 05/12/2014 * Electronically provided signatures are accepted as original signatures.							