

No. J 1047		Due no later than Sep 30, 2010		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MRI ASSOCIATES LLP JACK FLOYD 949 N CURTIS RD BOISE ID 83706		TOM HENSON 949 N CURTIS RD BOISE ID 83706					
				3. <u>New</u> Registered Agent Signature:*					
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
PARTNER	DOCTORS MAGNETIC RESONANCE INC	949 N CURTIS RD	BOISE	ID	USA	83706			
PARTNER	HOLY ROSARY MEDICAL CENTER	351 SW 9TH STREET	ONTARIO	OR	USA	97914			
PARTNER	MEDNOW INC.	1512 12TH AVE	NAMPA	ID	USA	83686			
PARTNER	WEST VALLEY MEDICAL CENTER	1717 ARLINGTON	CALDWELL	ID	USA	83605			
5. Organized Under the Laws of: ID J 1047		6. Annual Report must be signed.* Signature: Stephanie Thompson Name (type or print): Stephanie Thompson Date: 08/25/2010 Title: Accounting							
Processed 08/25/2010		* Electronically provided signatures are accepted as original signatures.							