| No. **W 4120** | **Due no later than May 31, 2014**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>KOOTENAI OUTPATIENT IMAGING, L.L.C.<br>JEREMY S EVANS<br>2003 KOOTENAI HEALTH WAY<br>COEUR D ALENE ID 83814<br>USA | AL MARTINEZ MD<br>700 IRONWOOD DR<br>COEUR D'ALENE ID 83814<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| MANAGER | JEREMY S EVANS | 2003 KOOTENAI HEALTH WAY | COEUR D ALENE | ID | USA | 83814 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 4120** | Signature: Victoria Holmes | Date: 03/21/2014 |
| | Name (type or print): Victoria Holmes | Title: Administrative Supervisor |

Processed 03/21/2014

* Electronically provided signatures are accepted as original signatures.