| No. C 62189 | Due | Due no later than Oct 31, 2015 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------------|---|---|-----------------------|---|-------------|--|--|
| Return to: | A | Annual Report Form | | BENJAMIN F CALL, M.D. | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | dress: Correct in this box if needed. RDIOLOGY ASSOCIATES, P.A. 83205 | 777 HOSPITAL WAY, BLDG. A STE 101 POCATELLO ID 83201 3. New Registered Agent Signature:* | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names and E | usiness Addresses of Pr | esident, Secretary, and Directors. Treasurer (| optional). | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | | |
| SECRETARY DOUGLA | S K BOEHM | 777 HOSPITAL WAY, BLDG A STE 101 | POCATELLLO | ID | USA | 83201 | | |
| 5. Organized Under the Laws of: | 6. Annual Report n | 6. Annual Report must be signed.* | | | | | | |
| l ID | Signature: Benja | Signature: Benjamin Call | | Date: 09/12/2015 | | | | |
| C 62189 | Name (type or p | Name (type or print): Benjamin Call | | Title: President | | | | |
| Processed 09/12/2015 | * Electronically pro | * Electronically provided signatures are accepted as original signatures. | | | | | | |