

No. C 78437		Due no later than Apr 30, 2016 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. DOCTORS MAGNETIC RESONANCE, INC. 6225 N MEEKER PL STE 130 BOISE ID 83713		DAVID E GILES MD 3066 S WHITEPOST WAY EAGLE ID 83616-6461		
				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
DIRECTOR	ANDREW CURRAN	6225 N MEEKER PLACE, SUITE 130	BOISE	ID	USA	83713
DIRECTOR	DAVID GILES	6225 N MEEKER PLACE, SUITE 130	BOISE	ID	USA	83713
SECRETARY	ANNE CURRAN	6225 N MEEKER PLACE, SUITE 130	BOISE	ID	USA	83713
PRESIDENT	THOMAS HENSON	6225 N MEEKER PLACE, SUITE 130	BOISE	ID	USA	83713
TREASURER	JACK HAVLINA	6225 N MEEKER PLACE, SUITE 130	BOISE	ID	USA	83713
DIRECTOR	JAMES PROCHASKA	6225 N MEEKER PLACE, SUITE 130	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID C 78437		6. Annual Report must be signed.* Signature: RICHARD B. DRURY Name (type or print): RICHARD B. DRURY		Date: 02/24/2016 Title: CFO		
Processed 02/24/2016		* Electronically provided signatures are accepted as original signatures.				