No. <b>J 486</b>		Due no later than Mar 31, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JEFFREY R	JEFFREY R CLIFF 877 W MAIN ST STE 603 BOISE ID 83702  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  IMAGING CENTER RADIOLOGISTS, LLP JEFFREY R CLIFF 877 W MAIN ST STE 603 BOISE ID 83702		BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
4. Limited Liability Partner	rships: Enter Na	ames and Busine	ss Addresses of two (2) or more partners.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER PARTNER PARTNER	CURTIS COULAM VICKEN GARABEDIAN SHANE MCGONEGLE		420 E. CURLING DR 332 N. BELLA VIA PLACE 2332 N. PLEASANT HILL WAY	BOISE BOISE BOISE	ID ID ID	USA USA USA	83702 83712 83702	
PARTNER PARTNER PARTNER	NEIL DAVEY JASON SALBER		2332 N. PLEASANT HILL WAY 2121 BLUESTEM LANE 755 TROUTNER WAY	BOISE BOISE	ID ID	USA USA	83706 83712	
5. Organized Under the L	aws of:	6. Annual Repo	rt must be signed.*					
ID J 486		Signature: Jeff Cliff Name (type or print): Jeff Cliff			Date: 01/27/2014 Title: Executive Director			
Processed 01/27/2014	* Electronically provided signatures are accepted as original signatures.							