

No. <b>W 91739</b>	<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE IMAGING CONSULTANTS, PLLC CHRISTIN S REISENAUER MD PO BOX 9583 MOSCOW ID 83843	JAMES L WESTBERG 401 E VEATCH ST MOSCOW ID 83843				
		3. <u>New</u> 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
MEMBER	CHRISTIN S REISENAUER	3240 N MOUNTAIN VIEW	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:  <b>ID</b> <b>W 91739</b>	6. Annual Report must be signed.* Signature: Clara B Reisenauer Name (type or print): Clara B Reisenauer Date: 02/01/2017 Title: Payroll Manager					
Processed 02/01/2017		* Electronically provided signatures are accepted as original signatures.				