| No. L 971 | | Due no later than Aug 31, 2015 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|----------------------|-----------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MRI LIMITED PARTNERSHIP DAVID GILES 949 N CURTIS RD BOISE ID 83706 | | 949 N CUR BOISE ID | DAVID GILES 949 N CURTIS BOISE ID 83706 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | DAVID GILES | MRI ASSOCIATES | 949 N CURTIS RD | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID L 971 | | Signature: David Giles | | Date: 06/26/2015 | | | | |
| | | Name (type or print): David Giles | | Title: Member | | | | |
| Processed 06/26/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |