

No. W 9393

Due no later than July 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

INTERMOUNTAIN MEDICAL IMAGING, LLC  
JEFFREY R CLIFF  
877 W MAIN  
STE 603  
BOISE, ID 83702

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877 W MAIN STE 603  
BOISE, ID 83702


NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	J. TIM HALL	877 W. MAIN ST STE 603	BOISE	ID	83702
✓	NEIL DAVEY				
✓	HOWARD SCHAFF				
✓	CURTIS COULAM				
✓	MICHAEL PATMAS				
✓	GEORGE JUETTON				
✓	JANEL REILLY				
✓	KEN FRY				

5. Organized Under the Laws of:  
IDAHO  
W 9393

6. Signature 

Date 5-19-08

Name (Typed or Printed) JEFFREY R. CLIFF

Title EXECUTIVE DIR