| No. W 85758 | | Due no later than Jul 31, 2011 | | 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. IDAHO INDEPENDENT MRI LLC PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301 | | 2034 ADDISO TWIN FALLS | PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter N | | | | | | | |
| Office Held Name | ames and radicess | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER H. PETER | OBLE II | 2034 ADDISON AVE EAST | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID Signature: P. Par | | Parker | Da | Date: 05/18/2011 | | | |
| W 85758 | Name (type or print): P. Parker | | Ti | Title: Attorney | | | |
| Processed 05/18/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | | |