

No. <b>W 4120</b>		Due no later than May 31, 2016		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  KOOTENAI OUTPATIENT IMAGING, L.L.C. JEREMY S EVANS 2003 KOOTENAI HEALTH WAY COEUR D ALENE ID 83814		AL MARTINEZ MD 700 IRONWOOD DR COEUR D'ALENE ID 83814	
				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	JEREMY S EVANS	2003 KOOTENAI HEALTH WAY	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 4120</b>		6. Annual Report must be signed.* Signature: Jennifer Clanin Name (type or print): Jennifer Clanin Date: 03/29/2016 Title: Accountant			
Processed 03/29/2016		* Electronically provided signatures are accepted as original signatures.			