

No. <b>J 1047</b>		<b>Due no later than Sep 30, 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>  MRI ASSOCIATES LLP DAVID GILES 6225 N MEEKER PL STE 130 BOISE ID 83713		TOM HENSON 6225 N MEEKER PL STE 130 BOISE ID 83713							
				3. <u>New</u> Registered Agent Signature:*							
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.											
Office Held	Name	Street or PO Address	City	State	Country	Postal Code					
PARTNER	DOCTORS MAGNETIC RESONANCE INC	949 N CURTIS RD	BOISE	ID	USA	83706					
PARTNER	WEST VALLEY MEDICAL CENTER	1717 ARLINGTON	CALDWELL	ID	USA	83605					
5. Organized Under the Laws of:  <b>ID J 1047</b>		6. Annual Report must be signed.* Signature: Richard B. Drury Name (type or print): Richard B. Drury									
						Date: 11/10/2017 Title: Accountant					
Processed 11/10/2017		* Electronically provided signatures are accepted as original signatures.									