

No. J 1047		Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID J 1047		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.							