

|  |                                   |  |          |  |         |             |  |
|--|-----------------------------------|--|----------|--|---------|-------------|--|
| No. <b>J 1047</b>  |                                   | <b>Due no later than Sep 30, 2016</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MRI ASSOCIATES LLP<br>DAVID GILES<br>6225 N MEEKER PL STE 130<br>BOISE ID 83713 |          | TOM HENSON<br>6225 N MEEKER PL STE 130<br>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<br>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:<br><br><b>ID<br/>J 1047</b>  |                                   | 6. Annual Report must be signed.*<br>Signature: Richard B. Drury<br>Name (type or print): Richard B. Drury<br>Date: 08/25/2016<br>Title: CFO     |          |  |         |             |  |
| Processed 08/25/2016   |                                   | * Electronically provided signatures are accepted as original signatures.  |          |  |         |             |  |