

No. J 1047		Due no later than Sep 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		TOM HENSON 949 N CURTIS RD BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MRI ASSOCIATES LLP DAVID GILES, MD 949 N CURTIS RD BOISE ID 83706					
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: DAVID GILES Name (type or print): DAVID GILES Date: 07/21/2015 Title: Member					
Processed 07/21/2015		* Electronically provided signatures are accepted as original signatures.					