No. L 971		Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. MRI LIMITED PARTNERSHIP DAVID GILES 6225 N MEEKER PL STE 130 BOISE ID 83713		2. Registered	Registered Agent and Address (NO PO BOX) DAVID GILES 6225 N MEEKER PL STE 130 BOISE ID 83713 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
				BOISE ID				
				3. <u>New</u> Regist				
NO FILING FEE IF RECEIVED BY DUE DATE								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	DAVID GILES	MRI ASSOCIATES	6225 N MEEKER PL STE 130	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID L 971		Signature: Richard		Date: 10/02/2017				
		Name (type or prir		Title: Accountant				
Processed 10/02/2017		* Electronically provide	ed signatures are accepted as original	signatures.				