No. **W 91739**	**Due no later than Mar 31, 2016**	2. Registered Agent and Address **(NO PO BOX)**

Return to:	**Annual Report Form**	JAMES L WESTBERG 401 E VEATCH ST MOSCOW ID 83843

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address: Correct in this box if needed.

PALOUSE IMAGING CONSULTANTS, PLLC
CHRISTIN S REISENAUER MD
PO BOX 9583
MOSCOW ID 83843

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. <u>New</u> Registered Agent Signature:*

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4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	CHRISTIN S REISENAUER	3240 N MOUNTAIN VIEW	MOSCOW	ID	USA	83843

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5. Organized Under the Laws of:

ID
W 91739

6. Annual Report must be signed.*

Signature: Christin S Reisenauer

Name (type or print): Christin S Reisenauer

Date: 04/26/2016

Title: Member

Processed 04/26/2016

* Electronically provided signatures are accepted as original signatures.