| No. <b>W 44478</b>  |                  | Due no later than Nov 30, 2012   |   | 2. Registered A       | 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 |                  | Annual Report Form   |   |                       | STEPHEN W ASHER MD 3875 E. OVERLAND RD MERIDIAN ID 83642  3. New Registered Agent Signature:* |            |                |  |
|   |                  | 1. Mailing Address: Correct in this box if needed.  SAGE DIAGNOSTICS AND IMAGING, LLC  AMY M DUSSEAU  3875 E OVERLAND RD  MERIDIAN ID 83642  USA |   |                       |   |            |                |  |
|   |                  |  |   | 3. <u>New</u> Registe |   |            |                |  |
| RECEIVED BY DUE DATE  |                  |  |   |                       |   |            |                |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.          |                  |  |   |                       |   |            |                |  |
| Office Held Nam   |                  |  | Street or PO Address                        | City                  | State   | Country    | Postal Code    |  |
|   | PHEN W<br>JOHANS | ASHER MD   | 222 N 2ND ST STE 212<br>3875 E. OVERLAND RD | BOISE<br>MERIDIAN     | ID<br>ID  | USA<br>USA | 83702<br>83642 |  |
| 5. Organized Under the Laws of:   |                  | 6. Annual Report must be signed.*  |   |                       |   |            |                |  |
| ID<br>W 44478   |                  | Signature: Am  |   | Date: 09/17/2012      |   |            |                |  |
|   |                  | Name (type or  |   | Title: Administrator  |   |            |                |  |
| rocessed 09/17/2012 * Electronically provided signatures are accepted as original signatures.         |                  |  |   |                       |   |            |                |  |