No. J 1047 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Sep 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. MRI ASSOCIATES LLP JACK FLOYD 949 N CURTIS RD BOISE ID 83706		2. Registered Agent and Address (NO PO BOX) TOM HENSON 949 N CURTIS RD BOISE ID 83706			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partners Office Held	ships: Enter Na Name	ames and Business Addre	esses of two (2) or more partners. Street or PO Address	City	State	Country	Postal Code
PARTNER		IAGNETIC RESONANCE	949 N CURTIS RD	BOISE	ID	USA	83706
PARTNER PARTNER PARTNER	HOLY ROSAR MEDNOW IN	Y MEDICAL CENTER C. Y MEDICAL CENTER	351 SW 9TH STREET 1512 12TH AVE 1717 ARLINGTON	ONTARIO NAMPA CALDWELL	OR ID ID	USA USA USA	97914 83686 83605
5. Organized Under the Laws of: ID J 1047		6. Annual Report must be Signature: Richard B. Name (type or print):	Date: 09/26/2011 Title: Accountant				
Processed 09/26/2011	* Electronically provided signatures are accepted as original signatures.						