No. **W 38423**	**Due no later than Apr 30, 2008** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** ALLIANCE MEDICAL GROUP, LLC KIRK MOORE 3071 W FRANKLIN STE 301 MERIDIAN ID 83642	PAUL M BOYD 101 S CAPITOL BLVD STE 1900 BOISE ID 83702 3. New Registered Agent Signature:*

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	ALLIANCE PROVID ALLIANCE PROVIDERS LLC	6348 W EMERALD ST	BOISE	ID	USA	83704
MEMBER	ST. LUKES REGIN ST. LUKES REGIONAL MEDICAL CEN	3071 W. FRANKLIN	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 38423**	Signature: Tracy Morris Name (type or print): Tracy Morris	Date: 02/19/2008 Title: Executive Director

Processed 02/19/2008

* Electronically provided signatures are accepted as original signatures.