

| | | | | | | | |
|--|--|--|--|--|-------------|----------------|----------------------|
| No. L 1465 | | Due no later than Oct 31, 2012 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 | | 1. Mailing Address: Correct in this box if needed. MRI MOBILE LIMITED PARTNERSHIP JACK FLOYD 949 N CURTIS RD BOISE ID 83706 | | JACK FLOYD 949 N CURTIS RD BOISE ID 83706 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| Office Held GENERAL PARTNER | Name MRI ASSOCIATES | Street or PO Address 949 N CURTIS RD | | City BOISE | State ID | Country USA | Postal Code 83706 |
| 5. Organized Under the Laws of: ID L 1465 | 6. Annual Report must be signed.* Signature: Stephanie Thompson Name (type or print): Stephanie Thompson | | | Date: 08/15/2012 Title: Accountant | | | |
| Processed 08/15/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |