No. J 486		Due no later than Mar 31, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JEFFREY R	JEFFREY R CLIFF			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IMAGING CENTER RADIOLOGISTS, LLP JEFFREY R CLIFF 877 W MAIN ST STE 603 BOISE ID 83702		877 W MAIN ST STE 603 BOISE ID 83702 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Partner	rships: Enter N	ames and Busine	ess Addresses of two (2) or more partners.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER PARTNER	CURTIS COULAM VICKEN GARABEDIAN		420 E. CURLING DR 332 N. BELLA VIA PLACE	BOISE BOISE	ID ID	USA USA	83702 83712	
PARTNER PARTNER PARTNER	SHANE MCGONEGLE NEIL DAVEY JASON SALBER		2332 N. PLEASANT HILL WAY 2121 BLUESTEM LANE 755 TROUTNER WAY	BOISE BOISE BOISE	ID ID ID	USA USA USA	83702 83706 83712	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID J 486		Signature: Jeffrey R. Cliff		Date: 01/17/2013				
		Name (type or print): Jeffrey R. Cliff		Title: Executive Director				
Processed 01/17/2013	* Electronically provided signatures are accepted as original signatures.							