

No. <b>W 38423</b>		<b>Due no later than Apr 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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. <u>New</u> 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: <b>ID W 38423</b>		6. Annual Report must be signed.* Signature: Kirk Moore Name (type or print): Kirk Moore Date: 02/13/2009 Title: Director of Accounting					
Processed 02/13/2009		* Electronically provided signatures are accepted as original signatures.					