

No. C 146892	Due no later than Dec 31, 2015 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. KOOTENAI RIVER RADIOLOGY, P.C. MICHAEL G MELENDEZ MD 2789 E SPYGLASS COEUR D'ALENE ID 83815		MICHAEL G MELENDEZ MD 2789 E SPYGLASS COEUR D'ALENE ID 83815			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	POLLY A MELENDEZ	2789 E SPYGLASS	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of: ID C 146892		6. Annual Report must be signed.* Signature: MICHAEL MELENDEZ Name (type or print): MICHAEL MELENDEZ		Date: 10/15/2015 Title: PRESIDENT		
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.				