No. W 127265		Due no later than Jul 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. SJRMC INTERVENTIONAL RADIOLOGY SERVICES, LLC KIMBERLY SANFORD, ADMIN ASST 415 6TH STREET		MICHAEL ROONEY MD 415 6TH STREET LEWISTON ID 83501			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailin						
PO BOX 83720 BOISE, ID 83720-0080	KIMBERLY						
	LEWISTON	LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addre	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MICHAE	L ROONEY	415 6TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: 6. Annual Report must be signe		port must be signed.*					
ID Sig		: Michael Rooney	Date: 07/06/2017				
W 127265	Name (typ	Name (type or print): Michael Rooney		Title: Manager			
Processed 07/06/2017	* Electronical	* Electronically provided signatures are accepted as original signatures.					