

No. W 4120		Due no later than May 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		1. Mailing Address: Correct in this box if needed. KOOTENAI OUTPATIENT IMAGING, L.L.C. JEREMY S EVANS 2003 KOOTENAI HEALTH WAY COEUR D ALENE ID 83814 USA		AL MARTINEZ MD 700 IRONWOOD DR COEUR D'ALENE 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JEREMY S EVANS	Street or PO Address 2003 KOOTENAI HEALTH WAY		City COEUR D ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 4120		6. Annual Report must be signed.* Signature: Jeremy S. Evans Name (type or print): Jeremy S. Evans Date: 04/16/2015 Title: Member					
Processed 04/16/2015 * Electronically provided signatures are accepted as original signatures.							