

No. <b>J 486</b>		<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  IMAGING CENTER RADIOLOGISTS, LLP JEFFREY R CLIFF 877 W MAIN ST STE 603 BOISE ID 83702		JEFFREY R CLIFF 877 W MAIN ST STE 603 BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	VICKEN GARABEDIAN	332 N. BELLA VIA PLACE	BOISE	ID	USA	83712	
PARTNER	SHANE MCGONEGLE	2332 N. PLEASANT HILL WAY	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID</b> <b>J 486</b>		6. Annual Report must be signed.*  Signature: JEFFREY R CLIFF Name (type or print): JEFFREY R CLIFF  Date: 01/22/2018 Title: EXECUTIVE DIRECTOR					
Processed 01/22/2018 * Electronically provided signatures are accepted as original signatures.							