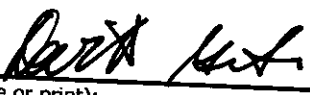


No. W 34720		Due no later than Nov 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID J GILES MD 3066 S WHITEPOST WAY EAGLE ID 83616			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BOISE ADVANCED IMAGING, PLLC PHILIP A PETERSON - LEGAL COUNSEL PO BOX 247 NAMPA ID 83653-0243		3. <u>New</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member		Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		DAVID J. GILES, M.D., PLLC	3066 SOUTH WHITEPOST WAY	EAGLE,	ID	USA	83616-6461
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
H7/A:\BAI\PLLC-2013\ANN-RPT.wpd							
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 34720 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): DAVID J. GILES, M.D., PLLC, BY DAVID J. GILES, ITS MANAGER </div> <div style="text-align: right;"> Date: <u>11/29/13</u> Title: <u>MANAGER</u> </div> </div>					
Issued 10/09/2013 by SLD		114738					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the