No. J 486		Due no later than Mar 31, 2017			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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IMAGING CENTER RADIOLOGISTS, LLP JEFFREY R CLIFF 877 W MAIN ST STE 603 BOISE ID 83702		87	JEFFREY R CLIFF 877 W MAIN ST STE 603 BOISE ID 83702				
				3. <u>Ne</u>	3. <u>New</u> Registered Agent Signature:*				
	•	ames and Busine	ess Addresses of two (2) or more partners.				_		
Office Held	Name		Street or PO Address	City	<i>'</i>	State	Country	Postal Code	
PARTNER PARTNER	VICKEN GARABEDIAN SHANE MCGONEGLE		332 N. BELLA VIA PLACE 2332 N. PLEASANT HILL WAY	BOI: BOI:		ID ID	USA USA	83712 83702	
5. Organized Under the L	aws of:	6. Annual Report must be signed.*							
ID J 486		Signature: JEFF CLIFF		Dat	Date: 01/23/2017				
		Name (type or print): JEFF CLIFF			Title: EXECUTIVE DIRECTOR				
Processed 01/23/2017	* Electronically provided signatures are accepted as original signatures.								