

No. W 38423	Due no later than April 30, 2006 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable ALLIANCE MEDICAL GROUP, LLC 6346 W EMERALD ST 3071 W. Franklin BOISE, ID 83704 Suite 301 Meridian ID 83642		PAUL M BOYD 101 S CAPITOL BLVD STE 1900 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%;"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Alliance Providers, LLC</td> <td>3071 W. Franklin Suite 301 Meridian, ID 83642</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>St. Lukes Regional Medical Center</td> <td>190 E. Barnrock St</td> <td>Boise</td> <td>ID</td> <td>83712</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		Alliance Providers, LLC	3071 W. Franklin Suite 301 Meridian, ID 83642					St. Lukes Regional Medical Center	190 E. Barnrock St	Boise	ID	83712
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5. Organized Under the Laws of: IDAHO W 38423	6. Signature <u><i>David L. Peterman</i></u> Date <u>4/14/06</u> Name (Typed or Printed) <u>David L. Peterman</u> Title <u>President</u>																				

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