No. W 127265		Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				TIMOTHY P SAYLER			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. SJRMC INTERVENTIONAL RADIOLOGY SERVICES, LLC KIMBERLY DRISKILL, ADMIN ASST 415 6TH STREET		415 6TH STREET LEWISTON ID 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KIMBERLY I						
	LEWISTON	LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MICHAEL	ROONEY	415 6TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature:	Date: 08/18/2015					
W 127265	Name (type	Name (type or print): Thomas Safley Title: CFO			FO		
Processed 08/18/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					