No. W 38423		Due no later than Apr 30, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PAUL M BOYD 101 S CAPITOL BLVD STE 1900 BOISE ID 83702			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		ALLIANCE MEDICAL GROUP, LLC KIRK MOORE		DOISE ID				
		10482 W CARLTON BAY DR. GARDEN CITY ID 83714-5143		3. New Register	3. New Registered Agent Signature:*			
NO FILING FEE IF		GANDLIN CITT ID 03/11/31/3		in interpretation				
RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ALLIANCE PROVID ALLIANCE PROVIDERS LLC		6348 W EMERALD ST	BOISE	ID		83704	
MEMBER	ST. LUKES REGIN ST. LUKES REGIONAL MEDICAL CEN		3071 W. FRANKLIN	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 38423		Signature: Kirk Moore		Date: 03/22/2	Date: 03/22/2016			
		Name (type or print): Kirk Moore		Title: Directo	Title: Director of Accounting			
Processed 03/22/2016 * Electronically provided signatures are accepted as original signatures.								