

No. L 1465

Due no later than October 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MRI MOBILE LIMITED PARTNERSHIP

~~HAWLEY TROXELL ET AL~~

~~PO BOX 1617~~

~~BOISE, ID 83701~~

949 N. Curtis Rd
Boise, ID 83706

JACK FLOYD
949 N CURTIS RD
BOISE, ID 83706

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

Office held

Name

Street or P.O. Address

City

State

Zip

Gen Partner MRI Associates 949 N. Curtis Rd Boise, ID 83706

5. Organized Under the Laws of:

IDAHO
L 1465

6.

Signature

Name (Typed or Printed)

Robin Matze

Date

Title

9/11/07
VP HR

Issued 08/02/2007

Do Not Tape or Staple

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