

No. W 9393		Due no later than Jul 31, 2009		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. INTERMOUNTAIN MEDICAL IMAGING, LLC JEFFREY R CLIFF 877 W MAIN STE 603 BOISE ID 83702		JEFFREY R CLIFF 877 W MAIN STE 603 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
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	
MANAGER	KEN FRY	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MANAGER	JANELL REILLY	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MANAGER	GEORGE JUETTON	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MANAGER	CURTIS COULAM	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MANAGER	JASON SALBER	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MANAGER	NEIL DAVEY	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
MANAGER	J TIM HALL	877 W. MAIN STREET STE 603	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 9393		Signature: Jeffrey R. Cliff Name (type or print): Jeffrey R. Cliff		Date: 06/01/2009 Title: Executive Director			
Processed 06/01/2009		* Electronically provided signatures are accepted as original signatures.					