

<b>No. W 12709</b>	<b>Due no later than Aug 31, 2001</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable <b>OPEN MRI OF POCATELLO, L.C.</b>  PO BOX 51219  IDAHO FALLS, ID 83405		LARY S LARSON 428 PARK AVE  IDAHO FALLS, ID 83405  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Lary S. Larson</td> <td>P.O. Box 51219</td> <td>Idaho Falls</td> <td>ID</td> <td>83405</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Lary S. Larson	P.O. Box 51219	Idaho Falls	ID	83405
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Lary S. Larson	P.O. Box 51219	Idaho Falls	ID	83405										
5. Organized Under the Laws of:  IDAHO W 12709	6. Signature <u>Lary S. Larson</u> Date <u>6/19/01</u> Name (Typed or Printed) <u>Lary S. Larson</u> Title <u>Manager</u>														