

No. W 56786	Due no later than Dec 31, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		ALBERT J MARTINEZ MD 700 IRONWOOD DR #110 COEUR D'ALENE ID 83815			
	MOUNTAIN MRI, LLC SCOTT VENERA 700 IRONWOOD DR #110 COEUR D ALENE ID 83815		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
MEMBER	ALBERT J MARTINEZ MD	7464 MT CARROL ST	COEUR D'ALENE	ID	USA	83815
MEMBER	KEITH MCKLENDIN	700 IRONWOOD DR. STE 110	COEUR D' ALENE	ID	USA	83814
MEMBER	CASEY FATZ	700 IRONWOOD DR #110	COEUR D' ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 56786	6. Annual Report must be signed.*					
		Signature: Ninette Goucher	Date: 01/15/2011			
		Name (type or print): Ninette Goucher	Title: Cpa			
Processed 01/15/2011		* Electronically provided signatures are accepted as original signatures.				