No. **W 12709**	**Due no later than Aug 31, 2010**	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.** OPEN MRI OF POCATELLO, L.C. LARY S. LARSON PO BOX 51219 IDAHO FALLS ID 83405 USA	LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83405 3. New 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	LARY S LARSON	PO BOX 51219	IDAHO FALLS	ID	USA	83405

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 12709**	Signature: Lary S. Larson	Date: 06/17/2010
	Name (type or print): Lary S. Larson	Title: Manager

Processed 06/17/2010

* Electronically provided signatures are accepted as original signatures.