No. C 84835	C	Due no later than Sep 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MEDICAL IM/ THOMAS CH BOX 1668	Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL IMAGING, INC. THOMAS CHARLES PEDERSON		THOMAS CHARLES PEDERSON 202 S 2ND AVE POCATELLO ID 83204 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	E	f President, Secretary, and Directors. Trea	surer (entional)	(ontional)			
Office Held Names and		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT THOMAS PEDERSON SECRETARY JOANNE C. PEDERSON		2274 JACQUELINE LN 2274 JACQUELINE LN.	POCATELLO POCATELLO	ID ID	USA USA	83201 83201	
5. Organized Under the Laws of	f: 6. Annual Repo	6. Annual Report must be signed.*					
ID	Signature: T	Signature: Thomas Pedereson		Date: 10/13/2009			
C 84835	Name (type	Name (type or print): Thomas Pedereson		Title: President			
Processed 10/13/2009	* Electronically provided signatures are accepted as original signatures.						