



STATE OF IDAHO
PETE T. CENARRUSA
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

PRESORTED
FIRST-CLASS
U.S. POSTAGE PAID
Boise, ID
PERMIT No. 1

IDAHO ANNUAL REPORT FORM

W 11500

RETURN SERVICE REQUESTED

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

OPEN MRI OF IDAHO FALLS, L.L.C.

~~UNIFIED HEALTH SYSTEMS, INC.~~~~107 PAINTERSVILLE RD~~~~PO BOX 450~~~~NEW STANTON, PA 15672~~

2292 Cortez
Idaho Falls, ID 83404

No. W 11500	Due no later than Mar 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	OPEN MRI OF IDAHO FALLS, L.L.C. UNIFIED HEALTH SYSTEMS, INC. 107 PAINTERSVILLE RD PO BOX 450 NEW STANTON, PA 15672	CORPORATION SERVICE COMPAN 1401 SHORELINE DR. STE 2 BOISE, ID 83708
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
Limited Liability Companies: Enter Names and Addresses of Members		
Office held	Name	City
State	Street or P.O. Address	State
2002 MAY - 2	Managing Member - Collette Cousland Group, L.L.C.	2292 E 25th Idaho Falls ID 83404
6. Organized Under the Laws of	5. Signature	Date
DELAWARE	DAVID G. COLETTE	04-29-02
W 11500	Name (Printed)	Title
	Manager	

Issued 04/08/2002

Do Not Tape or Staple

DAVID G. COLETTE

Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- BLOCK 1:** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.
- BLOCK 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.
- BLOCK 3:** Only a new registered agent must sign in Block 2.
- BLOCK 4:** Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). **Note:** Putting "same as last year" or "same as above" will not be accepted. Changes here will not affect the address in Block 1.
- BLOCK 5:** May not be altered through the use of this form.
- BLOCK 6:** The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

* The image of this form will be available on the internet once it is filed. DO NOT enter Social Security Numbers.

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED