



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

RETURN SERVICE REQUESTED

PREPAID FIRST-CLASS U.S. POSTAGE PAID 83720, ID PERMIT NO. 1
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IDAHO ANNUAL REPORT FORM W 11500

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

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

UNIFIED HEALTH SYSTEMS, INC. 2292 Cortez

107 PAINTERSVILLE RD

PO BOX 450

NEW STANTON, PA 15672

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 COMPANY 1401 SHORELINE DR. STE 2 BOISE, ID 83706
NO FILING FEE IF RECEIVED BY DUE DATE.		3. New Registered Agent Signature
<p>4. Limited Liability Companies: Enter Names and Addresses of Members.</p> <p>Officer held Name Street or P.O. Address City State Zip Managing Member - Collette Consulting Group, L.L.C. 3230 E 25th Idaho Falls, ID 83404</p> <p>LLC Sole SOS</p>		
<p>5. Organized Under the Laws of DELAWARE W 11500</p> <p>6. Signature <i>David Collette</i> Date 04-29-02 <small>(Type or Print) Manager, Inc. Title</small></p>		
<p>Issued 04/08/2002</p> <p>Do Not Tape or Staple <i>DAVID G. COLLETTE</i> <small>Fold, seal and mail this portion.</small></p>		

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 6: 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.idaho.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