

No. <b>W 12709</b>	<b>Due no later than August 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		LARY S LARSON 428 PARK AVE IDAHO FALLS, ID 83405
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	OPEN MRI OF POCATELLO, L.C. PO BOX 51219 IDAHO FALLS, ID 83405		3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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Manager Lary S. Larson 428 Park Ave. Idaho Falls ID 83402

5. Organized Under the Laws of:

IDAHO

W 12709

6.  
Signature

Name (Typed or Printed)

*Lary S. Larson*

Date 6/9/03

Title Manager