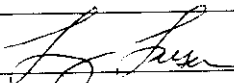
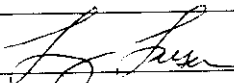
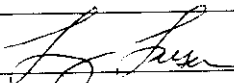


No. W 12709	Due no later than August 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable OPEN MRI OF POCA TELLO, L.C. PO BOX 51219 IDAHO FALLS, ID 83405		LARY S LARSON 428 PARK AVE IDAHO FALLS, ID 83405
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> 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>
Manager	Lary S. Larson	428 Park Ave.	Idaho Falls	ID	83402

5. Organized Under the Laws of: IDAHO W 12709	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>6/9/03</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Lary S. Larson</u></td> <td>Title <u>Manager</u></td> </tr> </table>	Signature 	Date <u>6/9/03</u>	Name <small>(Typed or Printed)</small> <u>Lary S. Larson</u>	Title <u>Manager</u>
Signature 	Date <u>6/9/03</u>				
Name <small>(Typed or Printed)</small> <u>Lary S. Larson</u>	Title <u>Manager</u>				