

No. **W 12709**

**Due no later than August 31, 2004
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 POCATELLO, L.C.
PO BOX 51219
IDAHO FALLS, ID 83405

LARY S LARSON
428 PARK AVE
IDAHO FALLS, ID 83405

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

Office held Name

Street or P.O. Address

City

State

Zip

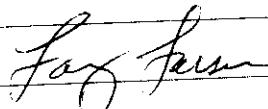
Manager Lary S. Larson 428 Park Avenue Idaho Falls ID 83402

5. Organized Under the Laws of:

IDAHO
W 12709

6.

Signature



Date

6/8/04

Name
(Typed or
Printed)

Lary S. Larson

Title

Manager

Issued 06/01/2004

Do Not Tape or Staple

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