

No. W 4515		Due no later than Aug 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. DIAGNOSTIC IMAGING SERVICE OF IDAHO, LLC JAMES J EVERSON 1951 BENCH RD STE F POCA TELLO ID 83201 USA		JAMES J EVERSON 303 N OLD HWY 91 INKOM ID 83245			
				3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JAMES J EVERSON	303 N OLD HWY 91	INKOM	ID	USA	83245	
5. Organized Under the Laws of: ID W 4515		6. Annual Report must be signed.* Signature: Danielle Bosworth Name (type or print): Danielle Bosworth					
Date: 08/24/2009 Title: Bookkeeper							
Processed 08/24/2009		* Electronically provided signatures are accepted as original signatures.					