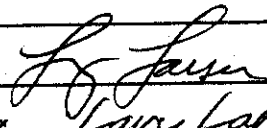


No. <b>W 12709</b>	<b>Due no later than August 31, 2007</b>		<b>2. Registered Agent and Office NO PO BOX</b>													
Return to: <b>SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address - Correct in this box, if applicable</b>		<b>LARY S LARSON 428 PARK AVE IDAHO FALLS, ID 83405</b>												
		<b>OPEN MRI OF POCATELLO, L.C. PO BOX 51219 IDAHO FALLS, ID 83405</b>														
				<b>3. <u>New</u> Registered Agent Signature</b>												
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>Manager</td><td>Lary S. Larson</td><td>428 Park Avenue,</td><td>Idaho Falls,</td><td>Idaho</td><td>83402</td></tr></tbody></table>					<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 Avenue,	Idaho Falls,	Idaho	83402
<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 Avenue,	Idaho Falls,	Idaho	83402											
<b>5. Organized Under the Laws of:</b> <b>IDAHO W 12709</b>		<b>6.</b> Signature <u></u> Date <u>6/18/07</u> Name (Typed or Printed) <u>Lary Larson</u> Title <u>Manager</u>														

Issued 06/01/2007

Do Not Tape or Staple

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