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| No. W 30735 | | Due no later than May 31, 2005 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. STAND-UP MRI OF BOISE, LLC DIANE MOON 4240 HALLMARK PARKWAY SAN BERNARDINO CA 92407 0000 | | RECORD SEARCH AMERICA 5481 KENDALL STREET BOISE ID 83706 0000 | |
| | | | | 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 | AMBULATORY SERV AMBULATORY SERVICES CORP | 4240 HALLMARK PARKWAY | SAN BERNARDINO | CA | 92407 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| IDAHO W 30735 | | Signature: Peter Solodko Name (type or print): Peter Solodko | | Date: 06/21/2005 Title: CEO | |
| Processed 06/21/2005 | | * Electronically provided signatures are accepted as original signatures. | | | |