

REINSTATEMENT

No. C 8-833 Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080 Forfeited 12/8/89 FEE DUE \$30.00	Annual Report Form 1. Mailing Address - Please Correct, If Not Correct MEDICAL IMAGING, INC. THOMAS CHARLES PEDERSON BOX 1668 POCATELLO ID 83204	2. Registered Agent and Office NOT A P.O. BOX THOMAS CHARLES PEDERSON 1364 HOLMAN DR POCATELLO ID 83204 1325 3. Organized Under the Laws of:																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>Thomas C. Pederson</td> <td>1325 Holman</td> <td>POCATELLO</td> <td>ID.</td> <td>83201</td> </tr> <tr> <td>VICE PRESIDENT</td> <td>Michael Smuda</td> <td>11871 W. Silver City Cr.</td> <td>BOISE</td> <td>ID.</td> <td>83713</td> </tr> <tr> <td>TREASURER</td> <td>Elizabeth Pederson</td> <td>24 Wilmar Dr</td> <td>Quincy</td> <td>IL.</td> <td>62301</td> </tr> </tbody> </table>			Office Held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	Thomas C. Pederson	1325 Holman	POCATELLO	ID.	83201	VICE PRESIDENT	Michael Smuda	11871 W. Silver City Cr.	BOISE	ID.	83713	TREASURER	Elizabeth Pederson	24 Wilmar Dr	Quincy	IL.	62301
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5. Signature of New Registered Agent	6. Signature <u>Thomas C. Pederson</u> Date <u>12-8-97</u> Name (Printed) <u>THOMAS C. PEDERSON</u> Title <u>PRESIDENT</u>																									

FILED

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

IDAHO SECRETARY OF STATE

12/11/1997 09:00
 CK: 10284 CT: 90968 BH: 62604

1 @ 30.00 = 30.00 CORP REINS