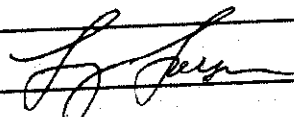


No. W 12709	Due no later than August 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable 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													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width:100%"><tr><td style="text-align:center"><u>Office held</u></td><td style="text-align:center"><u>Name</u></td><td style="text-align:center"><u>Street or P.O. Address</u></td><td style="text-align:center"><u>City</u></td><td style="text-align:center"><u>State</u></td><td style="text-align:center"><u>Zip</u></td></tr><tr><td colspan="6">Manager Lary S. Larson 428 Park Avenue, Idaho Falls, Idaho 83402</td></tr></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																
5. Organized Under the Laws of: IDAHO W 12709		6. Signature  Name (Typed or Printed) <u>Lary S. Larson</u>		Date <u>6/17/08</u> Title <u>Manager</u>												

Issued 06/02/2008

Do Not Tape or Staple

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