

INSTRUCTIONS ON REVERSE SIDE

No. 78437	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX THOMAS E. HENSON, M.D. 999 N. CURTIS RD. BOISE ID 83706
Return To REINSTATEMENT Secretary of State Room 203, Statehouse Boise, ID 83720 Forfeited 12/02/1991 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct DOCTORS MAGNETIC RESONANCE, INC THOMAS E. HENSON, M.D. 999 NORTH CURTIS RD., #50 BOISE ID 83706 0000	3. Incorporated Under The Laws of ID NO: 078437

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	THOMAS E. HENSON, M.D.	999 N. Curtis #506	BOISE	ID	83706
Secretary:	JOHN M. HAULINA, JR., M.D.	999 N. Curtis #505	BOISE	ID	83706
Directors:	J. ROGER CURRAN, M.D.	4227 TIO LANE	NAMPA	ID	83651
	DAVID T. GILES, M.D.	1055 N. Curtis	BOISE	ID	83708
	JAMES M. PROCHASKA, M.D.	1055 N. Curtis	BOISE	ID	83708
	THOMAS E. HENSON, M.D.	999 N. Curtis #506	BOISE	ID	83706
	JOHN M. HAULINA, JR., M.D.	999 N. Curtis #505	BOISE	ID	83706

5. Nature of Business

MEDICAL EQUIPMENT
MANAGEMENT

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

THOMAS E. HENSON
THOMAS E. HENSON, M.D.

Date

Title

10-28-91
PRESIDENT

DEC 1 1991