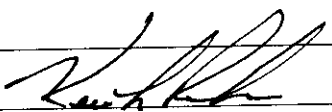
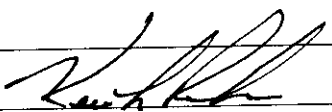
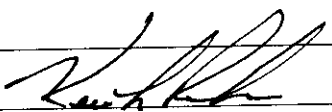


No. W 11500	Due no later than Mar 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX CORPORATION SERVICE COMPAN 1401 SHORELINE DR. STE 2 BOISE, ID 83706												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable OPEN MRI OF IDAHO FALLS, L.L.C. UNIFIED HEALTH SYSTEMS, INC. 107 PAINTERSVILLE RD PO BOX 450 NEW STANTON, PA 15672	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>MID-ATLANTIC UNIFIED HEALTH SYSTEMS, INC.</td> <td>P.O. Box 450</td> <td>NEW STANTON</td> <td>PA</td> <td>15672</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>	MEMBER	MID-ATLANTIC UNIFIED HEALTH SYSTEMS, INC.	P.O. Box 450	NEW STANTON	PA	15672
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MEMBER	MID-ATLANTIC UNIFIED HEALTH SYSTEMS, INC.	P.O. Box 450	NEW STANTON	PA	15672									
5. Organized Under the Laws of: DELAWARE W 11500	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) <u>KEVIN L. ROHM</u> </td> <td style="width: 40%;"> Date <u>1/25/01</u> Title: <u>TREASURER</u> </td> </tr> </table>		Signature  Name (Typed or Printed) <u>KEVIN L. ROHM</u>	Date <u>1/25/01</u> Title: <u>TREASURER</u>										
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