

No. W 12709	Due no later than Aug 31, 2017 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. OPEN MRI OF POCATELLO, L.C. LARY S. LARSON 428 PARK AVENUE IDAHO FALLS ID 83402	LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83402			
		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	LARY S LARSON	428 PARK AVE.	IDAHO FALLS	ID	83402
5. Organized Under the Laws of: ID W 12709	6. Annual Report must be signed.* Signature: Lary S. Larson Name (type or print): Lary S. Larson Date: 07/24/2017 Title: Agent				
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.			