

No. C 125629	Due no later than Sep 30, 2011 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. COEUR D'ALENE MRI, INC. ALBERT J MARTINEZ, M.D. 700 IRONWOOD DR COEUR D'ALENE ID 83814	RANDALL L STAMPER 1250 IRONWOOD DR STE 320 COEUR D'ALENE ID 83814				
		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DAVID MOODY	700 IRONWOOD DR. STE 110	COEUR D' ALENE	ID	USA	83814
DIRECTOR	CARL LEY	700 IRONWOOD DR. STE 110	COEUR D' ALENE	ID	USA	83814
DIRECTOR	LINDA MICHALSON	700 IRONWOOD DR STE 110	COEUR D' ALENE	ID	USA	83814
SECRETARY	KEITH C HEWELL	700 IRONWOOD DR. STE 110	COEUR D ALENE	ID	USA	83814
PRESIDENT	ARNE MICHALSON	700 IRONWOOD DR. STE 110	COEUR D' ALENE	ID	USA	83814
PRESIDENT	ALBERT J MARTINEZ	700 IRONWOOD DR. STE 110	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID C 125629	6. Annual Report must be signed.* Signature: Ninette Goucher Name (type or print): Ninette Goucher		Date: 11/08/2011 Title: Cpa			
Processed 11/08/2011		* Electronically provided signatures are accepted as original signatures.				