

No. C 78437		Due no later than Apr 30, 2013 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. DOCTORS MAGNETIC RESONANCE, INC. THOMAS E HENSON MD 949 N CURTIS RD BOISE ID 83706		THOMAS E HENSON MD 949 N CURTIS RD BOISE ID 83706			
						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	ANDREW CURRAN	949 N CURTIS ROAD	BOISE	ID	USA	83706	
DIRECTOR	DAVID GILES	949 N CURTIS ROAD	BOISE	ID	USA	83706	
SECRETARY	ANNE CURRAN	949 N CURTIS ROAD	BOISE	ID	USA	83706	
PRESIDENT	THOMAS HENSON	949 N CURTIS ROAD	BOISE	ID	USA	83706	
TREASURER	JACK HAVLINA	949 N CURTIS ROAD	BOISE	ID	USA	83706	
DIRECTOR	JAMES PROCHASKA	949 N CURTIS ROAD	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 78437		6. Annual Report must be signed.* Signature: Stephanie Thompson Name (type or print): Stephanie Thompson					
		Date: 05/08/2013 Title: Accountant					
Processed 05/08/2013		* Electronically provided signatures are accepted as original signatures.					