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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 12709</b>                                                                                                                                     |               | <b>Due no later than Aug 31, 2009</b>                                                                                                                         |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>OPEN MRI OF POCATELLO, L.C.<br>LARY S. LARSON<br>PO BOX 51219<br>IDAHO FALLS ID 83405<br>USA |             | LARY S LARSON<br>428 PARK AVE<br>IDAHO FALLS ID 83405 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                               |             | 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 | PO BOX 51219                                                                                                                                                  | IDAHO FALLS | ID                                                    | USA     | 83405            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                             |             |                                                       |         |                  |  |
| <b>ID<br/>W 12709</b>                                                                                                                                  |               | Signature: Lary S. Larson                                                                                                                                     |             |                                                       |         | Date: 08/03/2009 |  |
|                                                                                                                                                        |               | Name (type or print): Lary S. Larson                                                                                                                          |             |                                                       |         | Title: Manager   |  |
| Processed 08/03/2009                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                     |             |                                                       |         |                  |  |