No. <b>w</b>	9393		Due no later than Jul 31, 2000 Annual Report Form  1. Mailing Address - Correct in this box, if applicable INTERMOUNTAIN MEDICAL IMAGING, LLC			2. Registered Agent and Office NO PO BOX  JEFFREY R CLIFF  410 3. ORGHARD STREET  STE 110 927 W. MY TU  BOISE ID 83705		
	Y OF STATE JEFFERSON 720							
BOISE, ID 8		STE 116	1 - 1 - 1 - 1			3. New Registered Agent Signature		
NO FILING F	FEE IF BY DUE DATE	BOISE, ID	83705					
4. Limited	Liability Cor	mpanies: Enter N	lames and Add	resses of Manage	rs.			
Office held Mとላይፋ ነላ ና		· ·	eet or P.O. Address	W.myrtle 27 W.myrtle	City Moire	<u>State</u>	Zip & 3 702	
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5. Organized U	Inder the Laws o		6. Signature	R Co		Date <b></b> /	23/00	_
Issu	W 9393 led 05/10/200		Name Printed)  Do Not Tape or Staple			Time //:00		