

No. W 31874**Due no later than July 31, 2008
Annual Report Form****2. Registered Agent and Office NO PO BOX****Return to:**
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**PHOENIX RADIOLOGY PLLC
324 MAIN ST
LEWISTON, ID 83501CHARLES A BROWN
324 MAIN ST
LEWISTON, ID 83501**NO FILING FEE IF
RECEIVED BY DUE DATE****3. New Registered Agent Signature****4. Limited Liability Companies: Enter Names and Addresses of Members.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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Member Mark W. Peterson, M.D., 531 Fourth Ave., Lewiston, ID 83501

Member Paul J. Sanchirico, M.D., 531 Fourth Ave., Lewiston, ID 83501

5. Organized Under the Laws of:IDAHO
W 31874**6.**

Signature

Mark W. Peterson

Date

5/20/08

Name (Typed or Printed)

Mark W. Peterson, M.D.

Title

Member