

No. <b>W 56481</b>		<b>Due no later than Nov 30, 2007</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  IMAGING CENTER OF IDAHO LLC IDAHO ESTATE PLANNING 1036 E IRON EAGLE DR STE 105 EAGLE ID 83616		MARK E WIGHT 1036 E IRON EAGLE DR STE 105 EAGLE ID 83616			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DR. MICHAEL JOHNSON	Street or PO Address 2525 STOKESBERRY PL		City MERIDIAN	State ID	Country USA	Postal Code 83642
5. Organized Under the Laws of:  <b>ID</b> <b>W 56481</b>		6. Annual Report must be signed.*  Signature: Dr. Michael Johnson Name (type or print): Dr. Michael Johnson  Date: 10/31/2007 Title: Manager					
Processed 10/31/2007      * Electronically provided signatures are accepted as original signatures.							