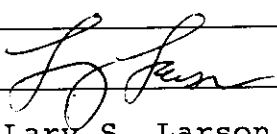


No. W 12709		Due no later than August 31, 2006		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		LARY S LARSON													
		1. Mailing Address - Correct in this box, if applicable		428 PARK AVE													
		OPEN MRI OF POCATELLO, L.C. PO BOX 51219 IDAHO FALLS, ID 83405		IDAHO FALLS, ID 83405													
				3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers.																	
<table><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td></td><td>Manager Lary S. Larson</td><td>428 Park Avenue</td><td>Idaho Falls</td><td>ID</td><td>83402</td></tr></tbody></table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Manager Lary S. Larson	428 Park Avenue	Idaho Falls	ID	83402
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
	Manager Lary S. Larson	428 Park Avenue	Idaho Falls	ID	83402												
5. Organized Under the Laws of: IDAHO W 12709		6.															
		Signature 		Date <u>6/10/06</u>													
		Name <small>(Typed or Printed)</small> <u>Lary S. Larson</u>		Title <u>Manager</u>													

Issued 06/01/2006

Do Not Tape or Staple

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