

No. <b>W 9854</b>	<b>Due no later than Sep 30, 2000</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		<del>ROBERT M. WARD</del> Dennis Swaer													
	OPEN MRI ASSOCIATES, L.L.C.  660 SHOSHONE STREET EAST  TWIN FALLS, ID 83301		660 SHOSHONE STREET EAST  TWIN FALLS, ID 83301  3. <u>New Registered Agent Signature</u> Dennis Swaer <i>Dennis Swaer</i>													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Dennis Swaer</td> <td>660 Shoshone St. East</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Dennis Swaer	660 Shoshone St. East	Twin Falls	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Dennis Swaer	660 Shoshone St. East	Twin Falls	ID	83301											
5. Organized Under the Laws of:  IDAHO W 9854		6. Signature <i>Dennis Swaer</i> Date <u>7/24/00</u> Name (Typed or Printed) <u>Dennis Swaer</u> Title: <u>Manager</u> XXXX														

Issued 07/10/2000

**Do Not Tape or Staple**

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