+2086663298



Capacity/Title:

(see instruction # 5 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2007 AUG 29 AM 8: 5

SECRETARY OF STAFF STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly.

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: KOOTENAI MRI 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 2003 Lincoln Way, Coeur d'Alene, ID 83814 North Idaho MRI LLC W 9986 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Submit Certificate of Services Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: Basement West PO Box 83720 DON SOLTMAN, VICE-PRESIDENT Boise ID 83720-0080 ANCILLARY SUPPORT SERVICES 208 334-2301 2003 LINCOLN WAY, COEUR D ALENE, ID & Phone number (optional): 5. Name and address for this acknowledgment 208-666-2003 CODY IS (If other than # 4 shove): Secretary of State use only Signature:_ JOSEPH E MORRIS Printed Name: CHIEF EXECUTIVE OFFICER

IDAHO SECRETARY OF STATE

08/29/2007 05:00

CK: 1261652 CT: 172899 BH: 1873158
1 25.80 = 25.80 ASSUM MANE # 7