No. W 124562	D	Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DIAGNOSTIC MICHAEL J	1. Mailing Address: Correct in this box if needed. DIAGNOSTIC SOLUTIONS INTERNATIONAL, LLC MICHAEL J HOFER 3223 32 AVE S STE 201 FARGO ND 58103 USA					
	FARGO ND			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: En	ter Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DANIE	L J PAULSON	3223 32 AVE S SUITE 201	FARGO	ND	USA	58103	
MANAGER MICHA	KEL J HOFER	3223 32 AVE. S SUITE 201	FARGO	ND	USA	58103	
5. Organized Under the Laws of:	6. Annual Repo	ort must be signed.*					
ND	Signature: P	Signature: Pam Bitz		Date: 02/20/2015			
W 124562	Name (type	Name (type or print): Pam Bitz		Title: Tax Coordinator			
Processed 02/20/2015	* Electronically provided signatures are accepted as original signatures.						