

No. 78437	Idaho Corporation Annual Report Form	2. Registered Agent and Office THOMAS E HENSON MD HENSON, M.D.
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994	THOMAS E HENSON MD HENSON, M.D. 999 N CURTIS RD #506
	1. Mailing Address — <i>Please Correct If Not Correct</i> DOCTORS MAGNETIC RESONANCE, INC THOMAS E HENSON MD 999 NORTH CURTIS ROAD #506 BOISE ID 83706	BOISE ID 83706 3. Incorporated Under The Laws of ID NO: 78437

4. Names and Addresses of Officers and Directors					MUST BE PRINTED OR TYPED												
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
President:	Thomas E. Henson, M.D.	999 N. Curtis #506	Boise	ID	83706												
Secretary:	John M. Haulina, M.D.	999 N. Curtis #505	Boise	ID	83706												
Directors:	J. Roger Curran, M.D.	4227 TIO LANE	Nampa	ID	83686												
	David J. Biles, M.D.	1055 N. Curtis	Boise	ID	83706												
	John M. Haulina, M.D.	999 N. Curtis #505	Boise	ID	83706												
	Thomas E. Henson, M.D.	999 N. Curtis #506	Boise	ID	83706												
	James M. Prochaska, M.D.	1055 N. Curtis	Boise	ID	83706												
5. Nature of Business OPERATION OF MEDICAL DIAGNOSTIC EQUIPMENT	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td data-bbox="535 919 617 940">Signature</td> <td data-bbox="617 887 1096 940">Thomas E. Henson MD</td> <td data-bbox="1196 919 1245 940">Date</td> <td data-bbox="1245 887 1443 940">9-27-94</td> </tr> <tr> <td data-bbox="535 940 617 961">Name (Typed or Printed)</td> <td data-bbox="617 940 1096 961">THOMAS E. HENSON, M.D.</td> <td data-bbox="1196 940 1245 961">Title</td> <td data-bbox="1245 940 1443 961">PRESIDENT</td> </tr> </table>									Signature	Thomas E. Henson MD	Date	9-27-94	Name (Typed or Printed)	THOMAS E. HENSON, M.D.	Title	PRESIDENT
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Name (Typed or Printed)	THOMAS E. HENSON, M.D.	Title	PRESIDENT														