ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILE Patructions on back of application)

99 SEP 28 PM 1:21

1.	The name of the limited liability company is: Open MRI Associates, L.L.C. STATE OF IDAHO 99 SEP 24 AH 9: II
2.	The address of the initial registered office is: 660 Shoshone Street 5454 67 10 AHO
	Twin Falls, ID 83301 and the name of the initial registered
	agent at that address is: Twin Falls Clinic and Hospital. Inc.
	Signature of registered agent: ROBERT M WARD PRESIDE
3.	Management of the limited liability company will be vested in:
	Manager(s) x or Member(s). (please check the appropriate box)
4.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.
	<u>Name</u> <u>Address</u>
T***	in Falls Clinic and Hospital, Inc. 660 Shoshone Street East, Twin Falls, ID
TMT	in Falls Clinic and Hospital, Inc. 660 Shoshone Street East, Twin Falls, ID 83301
	. 03301
_	Circulum of at least one namen reasonable for forming the limited liability company:
5.	Signature of at least one person responsible for forming the limited liability company:
	ROBERT M WARD PRESIDENT Secretary of State use only
	ROBERT M WARD PRESIDENT STATE IDAHO SECRETARY OF STATE OC 429 41999 69:00
	CV. 1824 CT. 1575 BH: 253552
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