No. W 144	Due no later than December 31, 2005	
Return to:	Annual Report Form	2. Hegistered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	LARY S LARSON
700 WEST JEFFERSON	TETON OPEN MRI OF IDAHO FALLS, LIMI	428 PARK AVE
PO BOX 83720	PO BOX 970	IDAHO FALLS, ID 83405
BOISE, ID 83720-0080	ATASCADERO, CA 93423	
NO FILING FEE IF		2 New Davis
RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Comp.	anias: Enter Name	
	anies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address City	Y <u>State</u> <u>Zip</u>
Manager Vince	Lavorgna P.O. Box 970 Atascad	
5. Organized Under the Laws of:		
IDAHO	Signature User	Date _/0/34/05
W 144		
W 144 Issued 10/03/2005	Name (Typed or Vince Lavorgna	Title Managing Member