

Kentucky Office of the Secretary of Sta Trey Grayson, Secretary of Sta Received and Filed: 10/5/2010 8:24 AM TREY GRAYSON

0772775.06

Division of Corporations Business Filings PO Box 718 Frankfort, KY 40602

Articles of Organization Limited Liability Company **KLC**

mstr

(502) 564-3490 www.sos.ky.gov			
Pursuant to KRS Chapter 275, the undersigned	l applies to qualify and for that pure	oose submits the follow	ving statements
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Article I: The name of the limited liability compa	•		
Medical X-R	Ay Imaging,	LLC	
Article II: The street address of the limited liabi	lity company's initial registered office	ce in Kentucky is	
Street Address Only (No Post Office Box Numbers)	n ST. Franklin	Ky	42134
and the name of the initial registered agent at the	hat office is <u>David</u>	Joshua Ro	binson.
Article III: The mailing address of the limited lia	ability company's initial principal offi	ice is	
430 south Main ST. Street Address or Post Office Box Number	Franklin	KV	4213 Y Zip Code
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be	managed by (must check one):		
A. a manager(s).			
B. its member(s).			
I/We declare under penalty of perjury under the	laws of the state of Kentucky that	the foregoing is true a	nd correct.
Wed All In	David Joshua Rol	hinson	10-4-10
Signature of Organizer	Printed Name & Title	<i></i>	Date
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name	Date	
1. David Joshua Robins.	, consent to serve as the registe	red agent on behalf of the li	mited liability company.
Print Name of Registered Agent	,	Robinson i	
Signature of Registered Agent	Printed Name	Date	0 7-10