

No. W 144		Due no later than Dec 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TETON OPEN MRI OF IDAHO FALLS, LIMITED COMPANY LARY S. LARSON 428 PARK AVENUE IDAHO FALLS ID 83402		LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83402			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name VINCE LAVORGNA	Street or PO Address 674 KATIE COURT		City AMMON	State ID	Country USA	Postal Code 83406
5. Organized Under the Laws of: ID W 144		6. Annual Report must be signed.* Signature: Lary S. Larson Name (type or print): Lary S. Larson Date: 10/30/2017 Title: Agent					
Processed 10/30/2017 * Electronically provided signatures are accepted as original signatures.							