

No. <b>W 144</b>		<b>Due no later than Dec 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	VINCE LAVORGNA	674 KATIE COURT	AMMON	ID	USA	83406	
5. Organized Under the Laws of:  <b>ID W 144</b>		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.					