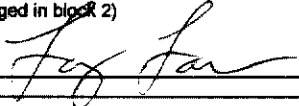


INSTRUCTIONS ON REVERSE SIDE

No. 144	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To	Due No Later Than November 30, 1995		LARRY S LARSON 428 PARK AVE	
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1 Mailing Address -- Please Correct If Not Correct			
	TETON MRI OF IDAHO FALLS LIMITED LARRY S LARSON 428 PARK AVE IDAHO FALLS ID 83405		IDAHO FALLS ID 83405 3. Organized Under The Laws of ID NO: 144	
4. Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
MUST BE PRINTED OR TYPED				
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Vince Lavorgna	Teton MRI of Idaho Falls 2001 South Woodruff, Suite 6	Idaho Falls	ID	83404-6370
5. Signature of the Current Registered Agent (if changed in block 2) 		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Teton MRI [Signature]</u> Date <u>7-20-95</u> <small>Name (Typed or Printed)</small>		