

Signature

Typed Name: Danny L. Davis

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

12.00 23 AM 9: 28

1.	The name of the limited liability con	npany is:	SECRES SAY OF STATE	
	Teton Ca	rdiovascular Imaging LLC	STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 2001 S. Woodruff suite 20 Idaho Falls ID 83404 (Street Address)			
	(Mailing Address, if different than street address)	<u> </u>		
3.	The name and complete street address of the registered agent:			
	Danny L. Davis	2001 S. Woodruff suite 20 le	iaho Fails ID 83404	
	(Name)	(Street Address)	<u> </u>	
4.	. The name and address of at least one member or manager of the limited liability company:			
	Name	Address		
	Mark L. Miller	2001 S. Woodruff Suite 12 I	3 Idaho Falls ID 83404	
_				
5.	Mailing address for future correspondence (annual report notices):			
	2001 S. Woodruff suite 12 B Idaho Falls ID 83404			
6.	6. Future effective date of filing (optional):			
_	nature of a manager, member or	authorized		
person. Secretary of State use only				
Sig	nature / Work ! / Well -			
_	ed Name: Mark L. Miller			

cert_org_ltc Rev. 07/2010

IDAHO SECRETARY OF STATE
01/23/2012 05:00
CK: 1861 CT: 217937 BH: 1387188
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