

No. W 67054	Due no later than Sep 30, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		DANNY L DAVIS 2001 S WOODRUFF AVE #20 IDAHO FALLS ID 83404			
	TETON NUCLEAR MEDICINE SERVICE LLC DANNY L DAVIS 2001 S WOODRUFF AVE #20 IDAHO FALLS ID 83404		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	DANNY L DAVIS	3480 APRIL DR	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: ID W 67054		6. Annual Report must be signed.* Signature: Danny L. Davis Name (type or print): Danny L. Davis Date: 07/14/2014 Title: Owner/manager				
Processed 07/14/2014		* Electronically provided signatures are accepted as original signatures.				