

No. W 144	<b>Annual Report Form 1999</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: <b>SECRETARY OF STATE</b> 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1 Mailing Address - Please Correct, If Not Correct  <b>TETON MRI OF IDAHO FALLS LIM</b> <b>LARY S LARSON</b> <b>428 PARK AVE</b>  <b>IDAHO FALLS ID 83405</b>		<b>LARY S LARSON</b> <b>428 PARK AVE</b>  <b>IDAHO FALLS ID 83405</b>  3. Organized Under the Laws of:  <b>ID W 144</b>													
4. Corporations: Enter Names and Business Addresses of <u>President, Secretary and Directors</u> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="33 372 1404 478"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Vince Lavorgna</td> <td>2001 S. Woodruff, Suite 6</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Vince Lavorgna	2001 S. Woodruff, Suite 6	Idaho Falls	ID	83404
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Vince Lavorgna	2001 S. Woodruff, Suite 6	Idaho Falls	ID	83404											
5. Signature of New Registered Agent	6. Signature  Date <u>7/19/99</u> Name (Typed or Printed) <u>Vince Lavorgna</u> Title <u>Manager</u>															

ISSUED: 07-03-1999

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