No. W 144 Return to:		Due no later than Dec 31, 2015 Annual Report Form			2. Registered Agent and Address (NO PO BOX) LARY S LARSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TETON OPEN MRI OF IDAHO FALLS, LIMITED COMPANY LARY S. LARSON 428 PARK AVENUE IDAHO FALLS ID 83402		Y	428 PARK AVE IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER VINCE LAVORGNA		RGNA	674 KATIE COURT		AMMON	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lary S. Larson			Date: 10/30/2015			
W 144		Name (type or print): Lary S. Larson			Title: Agent			
Processed 10/30/2015	Processed 10/30/2015 * Electronically provided signatures are accepted as original signatures.							