No. W 31524	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011	2. Registered Agent and Office **(NOT A P.O. BOX)** GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** TETON CARDIOVASCULAR AND PULMONARY LABORTORY LLC BRIAN K CORNELISON 2001 S WOODRUFF STE 12B IDAHO FALLS ID 83404 USA	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager Member (circle one)						
Manager	Brian K. Cornelison	2001 S. Woodruff	Idaho Falls	ID	Bonneville	83404
Manager	Mark Milton	2001 S Woodruff STE #12B	Idaho Falls	ID	Bonneville	83404
Manager	Will Jones	2001 S. Woodruff	Idaho Falls	ID	Bonneville	83404
Manager	Eric Pettinichi	2001 S. Woodruff	Idaho Falls	ID	Bonneville	83404

5. Organized Under the Laws of:	6.
IDAHO W 31524	Signature: [signature] Date: 9/20/11 Name (type or print): Brian K. Cornelison Title: Manager