No. <b>W 67054</b>		Due no later than Sep 30, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		DANNY L DAVIS 2001 S WOODRUFF AVE #20 IDAHO FALLS ID 83404				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		TETON NUCLEAR MEDICINE SERVICE LLC DANNY L DAVIS 2001 S WOODRUFF AVE #20						
		IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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	MANAGER DANNY L DA		3480 APRIL DR		IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 67054		Signature: Danny L. Davis			Date: 07/13/2012			
		Name (type or print): Danny L. Davis			Title: Owner/manager			
Processed 07/13/2012		* Electronically provided signatures are accepted as original signatures.						