No. W 144	Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		GEORGE STEPHENS MD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. TETON OPEN MRI OF IDAHO FALLS, LIMITED COMPANY GEORGE H STEPHENS, MD 444 HOSPITAL WAY #701			444 HOSPITAL WAY #701 POCATELLO ID 83201			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			POCATELLO	POCATELLO ID 65201			
	POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter N	ames and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER GEORGE STEPHENS MD		444 HOSPITAL WAY #701	POCATELLO	ID	USA	83201	
	1						
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Ger	Date: 10/27/2009					
W 144	Name (type or print): Geroge H Stephens, MD			Title: Manager			
Processed 10/27/2009	* Electronically provided signatures are accepted as original signatures.						