No. **W 67054**	**Due no later than Sep 30, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**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	DANNY L DAVIS 2001 S WOODRUFF AVE #20 IDAHO FALLS ID 83404 3. New Registered Agent Signature:*

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	DANNY L DAVIS	3480 APRIL DR	IDAHO FALLS	ID		83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67054**	Signature: Danny L. Davis	Date: 07/22/2015
	Name (type or print): Danny L. Davis	Title: owner/manager

Processed 07/22/2015

* Electronically provided signatures are accepted as original signatures.