

|                                                                                                                                                        |                 |                                                                                                                                                                 |             |                                                      |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|---------|-------------------|--|
| No. <b>W 83675</b>                                                                                                                                     |                 | <b>Due no later than May 31, 2013</b>                                                                                                                           |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TETON RADIOLOGY MADISON LLC<br>MICHAEL P HODEL<br>2265 E SUNNYSIDE RD.<br>IDAHO FALLS ID 83440 |             | RACHEL GONZALES<br>450 E MAIN ST<br>REXBURG ID 83440 |         |                   |  |
|                                                                                                                                                        |                 |                                                                                                                                                                 |             | 3. <u>New</u> 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                                                                                                                                                | MICHAEL P HODEL | 2440 E. 25TH STREET CIRCLE                                                                                                                                      | IDAHO FALLS | ID                                                   | USA     | 83404             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                               |             |                                                      |         |                   |  |
| <b>ID<br/>W 83675</b>                                                                                                                                  |                 | Signature: Shawn Bennett                                                                                                                                        |             |                                                      |         | Date: 03/29/2013  |  |
|                                                                                                                                                        |                 | Name (type or print): Shawn Bennett                                                                                                                             |             |                                                      |         | Title: Accountant |  |
| Processed 03/29/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                       |             |                                                      |         |                   |  |