

No.

W 144

Annual Report Form

Due No Later Than November 30, 1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

TETON MRI OF IDAHO FALLS LIM
LARRY S LARSON
428 PARK AVELARRY S LARSON
428 PARK AVE

IDAHO FALLS ID 83405

3. Organized Under the Laws of:

* FIRST NOTICE *

IDAHO FALLS ID 83405

ID W 144

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
-
- Limited Liability Companies: Enter Names and Addresses of
- ☒
- Managers**
- or
- ☐
- Members**
- (check one)

Office heldNameStreet or P.O. AddressCityStateZip

Managing Member Vince Lavorgna 4125 E. Acer

Idaho Falls, ID 83401

5. SIGNATURE OF CURRENT RA

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6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date

8-12-96

Name (Typed or Printed)

Vince Lavorgna

Title

ISSUED: 07-08-1996

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