

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 AVE

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428 PARK AVE  
IDAHO FALLS ID 83405

3. Organized Under the Laws of:

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)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Managing Member	Vince Lavorgna	4125 E. Acer	Idaho Falls	ID	83401

5. **SIGNATURE OF CURRENT RA**  
ANY LAWFUL

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 Vince Lavorgna Date 6-12-96  
Name (Typed or Printed) Vince Lavorgna Title

ISSUED: 07-08-1996

773