No. W 110334		Annual Report Form 1. Mailing Address: Correct in this box if needed. TETON CARDIOVASCULAR IMAGING LLC MARK L MILLER 2001 S WOODRUFF STE 12B		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	TETON CAR			DANNY L DAVIS 2001 S WOODRUFF STE 20 IDAHO FALLS 83404 3. New Registered Agent Signature:*			
BOISE, ID 83720-0080	2001 S WO						
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	r Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MARK L	. MILLER	1897 DEER VALLEY	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature:	Viktoria Lords		Date: 12/02/2014			
W 110334	Name (type	Name (type or print): Viktoria Lords Title: Bookkeeper					
Processed 12/02/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					