No. <b>W 92814</b>		Due no later than Apr 30, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JEFF SAYER				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TETON MEDICAL REAL ESTATE, LLC  JAMES ADAMSON PO BOX 12269 PORTLAND OR 97212		2325 CORONADO ST IDAHO FALLS ID 83404  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	ames and Address	ses of at least one Member or Manag	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	JAMES ADA	AMSON	PO BOX 12269		PORTLAND	OR	USA	97212
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 92814		Signature: James Adamson			Date: 05/16/2013			
		Name (type or print): James Adamson			Title: Manager			
Processed 05/16/2013 * Electronically provided signatures are accepted as original signatures.								