

|  |                               |   |       |  |         |             |  |
|--|-------------------------------|---|-------|--|---------|-------------|--|
| No. <b>W 19910</b>   |                               | <b>Due no later than Jul 31, 2009</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>IDAHO CYTOGENETICS DIAGNOSTIC LABORATORY, L.L.C.<br>JEFFREY S TAYLOR<br>190 E BANNOCK ST<br>BOISE ID 83712 |       | JEFFREY S TAYLOR<br>190 E BANNOCK ST<br>BOISE ID 83712 |         |             |  |
|  |                               |   |       | 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 |  |
| MEMBER   | ST LUKES REGIONAL MED CENTER  | 190 E BANNOCK ST ATTN: JEFFREY TAYLOR   | BOISE | ID   | USA     | 83712       |  |
| MEMBER   | ST ALPHONSUS DIVERSIFIED CARE | 1055 N CURTIS RD ATTN: JANELLE REILLY   | BOISE | ID   | USA     | 83705       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 19910</b>   |                               | 6. Annual Report must be signed.*<br>Signature: Jeffrey S. Taylor<br>Name (type or print): Jeffrey S. Taylor  |       |  |         |             |  |
| Date: 06/09/2009<br>Title: V.p., Cfo   |                               |   |       |  |         |             |  |
| Processed 06/09/2009   |                               | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |