

No. **W 6222**

**Due no later than May 31, 2003
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

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

1. Mailing Address - Correct in this box, if applicable

SNAKE RIVER PATHOLOGY, PLLC
LEENA HAUSER, M.D.
1321 OAKLEY NO 2

LEENA HAUSER, M.D.
1321 OAKLEY NO 2

BURLEY, ID 83318

**NO FILING FEE IF
RECEIVED BY DUE DATE**

BURLEY, ID 83318

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	LeAna Hauser M.D.	1321 Oakley Ave #2	Burley	IO	83318

5. Organized Under the Laws of:

IDAHO
W 6222

6.

Signature Leana Hauser

Date 3/10/03

Name (Typed or Printed)

Leana Hauser

Title Owner