




<b>No. W 11192</b>	<b>Due no later than Feb 28, 2001</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b> ROBERT CLARK 415 6TH ST LEWISTON, ID 83501																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable PATHOLOGISTS' REGIONAL LABORATORY O 415 6TH ST LEWISTON, ID 83501	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert W. Cihak, M.D.,</td> <td>P.O. Box 550</td> <td>Clarkston</td> <td>WA</td> <td>99403</td> </tr> <tr> <td>Secretary</td> <td>Morgan S. Wilson, M.D.</td> <td>3464 Elks Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Robert W. Cihak, M.D.,	P.O. Box 550	Clarkston	WA	99403	Secretary	Morgan S. Wilson, M.D.	3464 Elks Dr.	Lewiston	ID	83501
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5. Organized Under the Laws of:  IDAHO W 11192	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">           Signature  </td> <td style="width: 40%;">           Date <u>1/11/01</u> </td> </tr> <tr> <td colspan="2">           Title: _____         </td> </tr> <tr> <td colspan="2">           Name (Typed or Printed) <u>Robert W. Cihak, M.D.</u> <del>XXXX</del> <u>President/Owner</u> </td> </tr> </table>		Signature 	Date <u>1/11/01</u>	Title: _____		Name (Typed or Printed) <u>Robert W. Cihak, M.D.</u> <del>XXXX</del> <u>President/Owner</u>													
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