

| | | | | | |
|--|-------------------------------|---|-------|--|---------------------|
| No. W 19910 | | Due no later than Jul 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. IDAHO CYTOGENETICS DIAGNOSTIC LABORATORY, L.L.C. JEFFREY S TAYLOR 190 E BANNOCK ST BOISE ID 83712 | | JEFFREY S TAYLOR 190 E BANNOCK ST 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 | BOISE | ID | 83712 |
| MEMBER | ST ALPHONSUS DIVERSIFIED CARE | 1055 N CURTIS RD ATTN: JANELLE REILLY | BOISE | ID | 83705 |
| 5. Organized Under the Laws of: ID W 19910 | | 6. Annual Report must be signed.* Signature: Carol Wilmes Name (type or print): Carol Wilmes Date: 06/30/2017 Title: Exec. Assistant | | | |
| Processed 06/30/2017 | | * Electronically provided signatures are accepted as original signatures. | | | |