

No. W 8495		Due no later than Apr 30, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO REGIONAL LABORATORY, LLC KENNETH W FRY 1055 N CURTIS RD BOISE ID 83706		PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83702			
				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	SAINT ALPHONSUS DIVERSIFIED CARE	1055 N. CURTIS RD.	BOISE	ID	USA	83706	
MEMBER	PATHOLOGY ASSOCIATES MEDICAL LABORATORIES	110 W. CLIFF AVE.	SPOKANE	WA	USA	99204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 8495		Signature: Kenneth W. Fry		Date: 02/12/2009			
		Name (type or print): Kenneth W. Fry		Title: President, Diversified Care			
Processed 02/12/2009		* Electronically provided signatures are accepted as original signatures.					