

|   |                    |   |       |   |         |             |  |
|---|--------------------|---|-------|---|---------|-------------|--|
| No. <b>W 3805</b>   |                    | <b>Due no later than Mar 31, 2018</b><br><b>Annual Report Form</b>  |       | 2. Registered Agent and Address ( <b>NO PO BOX</b> )  |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>INTERMOUNTAIN PATHLAB PLLC<br>906 N HOUSTON RD<br>BOISE ID 83706 |       | MICHAEL J MYHRE<br>906 N HOUSTON RD<br>BOISE ID 83706 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                    |   |       | 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  | MICHAEL J MYHRE MD | 906 N HOUSTON RD  | BOISE | ID  | 83706   |             |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 3805</b>                                   |                    | 6. Annual Report must be signed.*<br><br>Signature: Michael J. Myhre<br>Name (type or print): Michael J. Myhre                    |       |   |         |             |  |
|   |                    | Date: 01/23/2018<br>Title: Member   |       |   |         |             |  |
| Processed 01/23/2018      * Electronically provided signatures are accepted as original signatures. |                    |   |       |   |         |             |  |