

No. W 23207	Due no later than March 31, 2009		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form		STEVE M SKOUMAL 1950 E CLARK STE D POCATELLO, ID 83201
	1. Mailing Address - Correct in this box, if applicable WESTERN PATHOLOGY ASSOCIATES, LLC PO BOX 2537 POCATELLO, ID 83206		
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> 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	Steve M Skoumal, MD	1950 E Clark Suite D	Pocatello, ID		83201

5. Organized Under the Laws of: IDAHO W 23207	6. Signature <u>Steve M. Skoumal, MD</u> Date <u>1/16/09</u>
	Name (Typed or Printed) <u>Steve M Skoumal</u> Title <u>owner</u>

Issued 01/05/2009

Do Not Tape or Staple

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