

<b>No. W 6222</b>	<b>Due no later than May 31, 2002 Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address - Correct in this box, if applicable</b>  SNAKE RIVER PATHOLOGY, PLLC LEENA HAUSER, M.D. 1321 OAKLEY NO 2  BURLEY, ID 83318		LEENA HAUSER, M.D. 1321 OAKLEY NO 2  BURLEY, ID 83318												
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			<b>3. New Registered Agent Signature</b>												
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b> <table style="width: 100%; border-collapse: collapse;"> <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>owner</td> <td>Leena Hauser M.D.</td> <td>1321 Oakley Ave #2</td> <td>Burley</td> <td>ID</td> <td>83318</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>	owner	Leena Hauser M.D.	1321 Oakley Ave #2	Burley	ID	83318
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
owner	Leena Hauser M.D.	1321 Oakley Ave #2	Burley	ID	83318										
<b>5. Organized Under the Laws of:</b>  IDAHO W 6222		<b>6.</b> Signature <u>Leena Hauser</u> Date <u>3-11-02</u> Name <small>(Typed or Printed)</small> <u>Leanna Hauser</u> Title <u>owner</u>													