No. C 54377		Due no later than Oct 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE PATHOLOGY GROUP, P.A. ROBERT J TEEARS 190 E. BANNOCK BOISE ID 83712-6241 USA		2. Registered	2. Registered Agent and Address (NO PO BOX) ROBERT J TEEARS MD			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					190 EAST BANNOCK BOISE ID 83712-6241			
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Corporations: En	ter Names and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MATTHEW A	ARON BURTELOW	190 EAST BANNOCK	BOISE	ID	USA	83712-6241	
DIRECTOR	DANIEL J WALSH		190 EAST BANNOCK	BOISE	ID	USA	83712-6241	
DIRECTOR	MICHAEL J CAREY		190 EAST BANNOCK	BOISE	ID	USA	83712-6241	
DIRECTOR	VALERIE A HOLST		190 EAST BANNOCK	BOISE	ID	USA	83712-6241	
DIRECTOR	IRECTOR RONALD W SLAUGHTER		190 EAST BANNOCK	BOISE	ID	USA	83712-6241	
DIRECTOR	IRECTOR MARK E KIECKBUSCH		190 EAST BANNOCK	BOISE	ID	USA	83712-6241	
DIRECTOR MISTY M. F		AYNE	190 EAST BANNOCK ST.	BOISE	ID	USA	83712-6241	
5. Organized Under	the Laws of:	6. Annual Report mus	t he signed.*					
		Signature: Robert		Date: 08/23/2013				
C 54377		Name (type or prin		Title: President				
Processed 08/23/20	13	* Electronically provide	ed signatures are accepted as origin	al signatures.				