

No. C 183763		Due no later than Jul 31, 2013 <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: <b>Correct in this box if needed.</b>  PATHOLOGISTS' REGIONAL LABORATORY, P.A. ALAN C PETERSON, M.D. BOX 956 LEWISTON ID 83501 UNITED STATES		THEODORE O CREASON 1219 IDAHO ST LEWISTON ID 83501			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ALAN C PETERSON, M.D.	415 6TH STREET	LEWISTON	ID	USA	83501	
DIRECTOR	ALAN C PETERSON, M.D.	415 6TH STREET	LEWISTON	ID	USA	83501	
SECRETARY	ALAN C PETERSON, M.D.	415 6TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID C 183763</b>		6. Annual Report must be signed.*  Signature: Carol A. Catron Name (type or print): Carol A. Catron  Date: 05/17/2013 Title: Human Resource Manager					
Processed 05/17/2013		* Electronically provided signatures are accepted as original signatures.					