

No. C 183763		Due no later than Jul 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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: ID C 183763		6. Annual Report must be signed.* Signature: Carol A. Cattron Name (type or print): Carol A. Cattron Date: 05/17/2013 Title: Human Resource Manager					
Processed 05/17/2013		* Electronically provided signatures are accepted as original signatures.					