No. C 73580		Due no later than Aug 31, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL LABORATORY SERVICE, INC. WENDELL WELLS 1501 HIGHLAND AVE STE J BURLEY ID 83318		1501 HIGHL	WENDELL WELLS 1501 HIGHLAND STE J BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE					3. New 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	
TREASURER PRESIDENT	WAYNE BLAUER WENDELL L WELLS		1501 HILAND AVE. 1501 HILAND AVE. SUITE J	BURLEY BURLEY	ID ID	USA USA	83318 83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 73580		Signature: Forrest Bell			Date: 06/29/2010			
		Name (type or print): Forrest Bell Title: Manager * Electronically provided signatures are accepted as original signatures.						
Processed 06/29/2010		Electronically p	i ovided signatures are accepted as originar s	signatures.				