

No. W 8495		Due no later than Apr 30, 2018		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. SOUTHERN IDAHO REGIONAL LABORATORY, LLC STEPHANIE C. WESTERMEIER 1055 N CURTIS ROAD BOISE ID 83706		RODNEY D REIDER 1055 NORTH CURTIS ROAD BOISE ID 83706	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	SAINT ALPHONSUS DIVERSIFIED CARE	1055 N. CURTIS RD.	BOISE	ID	83706
5. Organized Under the Laws of: ID W 8495		6. Annual Report must be signed.* Signature: Odette C. Bolano Name (type or print): Odette C. Bolano Date: 05/24/2018 Title: President			
Processed 05/24/2018		* Electronically provided signatures are accepted as original signatures.			