No. W 19910		Due no later than Jul 31, 2012		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. IDAHO CYTOGENETICS DIAGNOSTIC LABORATORY, L.L.C. JEFFREY S TAYLOR 190 E BANNOCK ST BOISE ID 83712		JEFFREY S TAYLOR 190 E BANNOCK ST BOISE ID 83712 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			Land and March and March				
Office Held	Name	nes and Addresses of at	least one Member or Manager. Street or PO Address	Cib.	Ctata	Country	Postal Code
MEMBER MEMBER	ST LUKES REGIONAL MED CENTER ST ALPHONSUS DIVERSIFIED CARE		190 E BANNOCK ST 1055 N CURTIS RD	City BOISE BOISE	State ID ID	Country USA USA	83712 83705
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 19910		Signature: Carol Wilmes Name (type or print): Carol Wilmes		Date: 07/12/2012 Title: Executive Assistant			
Processed 07/12/2012 * Electronically provided signatures are accepted as original signatures.							