No. W 87000	Due no la			2. Registered Agent and Address (NO PO BOX)			
Return to:	Annı	Annual Report Form		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE	1. Mailing Address	1. Mailing Address: Correct in this box if needed. PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC MELISSA ALLARD PAML, LLC PO BOX 2687 SPOKANE WA 99220					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MELISSA ALLARD PA						
	SPOKANE WA 9922			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
MANAGER DR. FRANCISCO VELAZQUEZ		611 N. IRON BRIDGE WAY BUILDING 2, SUITE #100	SPOKANE	WA	USA	99202	
5. Organized Under the Laws of: 6. Annual Repor		st be signed.*					
WA	Signature: Melissa A	Signature: Melissa Allard		Date: 08/02/2016			
W 87000	Name (type or print)	Name (type or print): Melissa Allard		Title: Executive Assitant			
Processed 08/02/2016	* Electronically provided signatures are accepted as original signatures.						