No. <b>C 183763</b>		Due no later than Jul 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		An	SAMUEL CRE	SAMUEL CREASON 1219 IDAHO ST LEWISTON ID 83501  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  PATHOLOGISTS' REGIONAL LABORATORY, P.A.  CAROL A CATTRON  BOX 956  LEWISTON ID 83501  USA						
4. Corporations: Enter Name	es and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT [	ALAN C PETERSON, M.D. DAVID M TRETHEWAY, M.D. REBECCA L FULTON, M.D.		415 6TH STREET 415 6TH STREET 415 6TH STREET	LEWISTON LEWISTON LEWISTON	ID ID ID	USA USA USA	83501 83501 83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: CAROL CATTRON		Date: 06/16/20	Date: 06/16/2016			
C 183763		Name (type or print): CAROL CATTRON		Title: HUMAN F	Title: HUMAN RESOURCE MANAGER			
Processed 06/16/2016		* Electronically provided signatures are accepted as original signatures.						