No. W 10799		Due no later than Jan 31, 2014		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. ALPHA MEDICAL LABORATORY, L.L.C. CATHY SMALLEY KOOTENAI MEDICAL CENTER 2003 KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814 mes and Addresses of at least one Member or Manager.		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
MEMBER BOURGET HEALTH SERVICES, INC. MEMBER KOOTENAI HOSPITAL DISTRICT		PO BOX 2687 2003 LINCOLN WAY	SPOKANE COEUR D'ALENE	WA ID	USA USA	99220 83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 10799		Signature: Melissa Allard Name (type or print): Melissa Allard		Date: 12/27/2013 Title: Executive Admin Assistant			
Processed 12/27/2013		* Electronically provided	l signatures are accepted as original sig	gnatures.			