

No. W 99239	Due no later than Dec 31, 2017 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. IDAHO PATHOLOGY LABORATORY, LLC JAKE ERICKSON 98 POPLAR STREET BLACKFOOT ID 83221	KRISTOPHER MCGEE MD 7069 RUNNING IRON IN POCATELLO ID 83204				
		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
MANAGER	JAKE ERICKSON	98 POPLAR STREET	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID W 99239	6. Annual Report must be signed.* Signature: Jake Erickson Name (type or print): Jake Erickson		Date: 01/15/2018 Title: CEO			
Processed 01/15/2018		* Electronically provided signatures are accepted as original signatures.				