

No. <b>W 19910</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JEFFREY S TAYLOR 190 E BANNOCK ST BOISE ID 83712	
		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO CYTOGENETICS DIAGNOSTIC LABORATORY, L.L.C. JEFFREY S TAYLOR 190 E BANNOCK ST BOISE ID 83712		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
MEMBER	ST LUKES REGIONAL MED CENTER	190 E BANNOCK ST	BOISE	ID	83712
MEMBER	ST ALPHONSUS DIVERSIFIED CARE	1055 N CURTIS RD ATTN: JANELLE REILLY	BOISE	ID	83705
5. Organized Under the Laws of: <b>ID W 19910</b>		6. Annual Report must be signed.* Signature: Christine Neuhoff Name (type or print): Christine Neuhoff Date: 06/14/2016 Title: Chief Legal Ofcr of SLRMC			
Processed 06/14/2016		* Electronically provided signatures are accepted as original signatures.			