


No. W 19910	Due no later than Jul 31, 2003 Annual Report Form	2. Registered Agent and Office 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 applicable. IDAHO CYTOGENETICS DIAGNOSTIC LABOR JANINE SARTI 190 E BANNOCK ST BOISE, ID 83712	JANINE SARTI 190 E BANNOCK ST BOISE, ID 83712 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>St. Luke's Regional Medical Ctr., Ltd,</td> <td>190 E. Bannock,</td> <td>Boise,</td> <td>ID</td> <td>83712</td> </tr> <tr> <td></td> <td>St. Alphonsus Diversified Care, Inc,</td> <td>1055 N. Curtis,</td> <td>Boise,</td> <td>ID</td> <td>83705</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		St. Luke's Regional Medical Ctr., Ltd,	190 E. Bannock,	Boise,	ID	83712		St. Alphonsus Diversified Care, Inc,	1055 N. Curtis,	Boise,	ID	83705
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5. Organized Under the Laws of: IDAHO W 19910	6. Signature  Date <u>5-15-03</u> Name (Typed or Printed) <u>Janine Sarti</u> Title <u>V.P.</u>																			