

No. W 6222		Due no later than May 31, 2011		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. SNAKE RIVER PATHOLOGY, PLLC LEENA HAUSER, M.D. 1321 OAKLEY NO 2 BURLEY ID 83318		LEENA HAUSER, M.D. 1321 OAKLEY NO 2 BURLEY ID 83318			
				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	LEENA HAUSER, M.D.	1321 OAKLEY NO 2	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID W 6222		6. Annual Report must be signed.* Signature: Leeana Hauser Name (type or print): Leeana Hauser					
Date: 04/12/2011 Title: Owner							
Processed 04/12/2011		* Electronically provided signatures are accepted as original signatures.					