

No. W 8495		Due no later than Apr 30, 2015 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. SOUTHERN IDAHO REGIONAL LABORATORY, LLC TIMOTHY P RIBAR 611 N IRONBRIDGE WAY BLDG II SUITE 100 SPOKANE WA 99202 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE 83705			
				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	SAINT ALPHONSUS DIVERSIFIED CARE	1055 N. CURTIS RD.	BOISE	ID	USA	83706	
MEMBER	PATHOLOGY ASSOCIATES MEDICAL LABORATORIES LLC	611 N IRONBRIDGE WAY	SPOKANE	WA	USA	99202	
MEMBER	LANNIE CHECKETTS	1055 N CURTIS RD	BOISE	ID	USA	83706	
MEMBER	FRANCISCO R VELAZQUEZ MD SM	611 N PERRY BLDG II SUITE 100	SPOKANE	WA	USA	99202-5011	
5. Organized Under the Laws of: ID W 8495		6. Annual Report must be signed.* Signature: Marie G.V. Sweet Name (type or print): Marie G.V. Sweet		Date: 02/19/2015 Title: Senior Accountant, PAML			
Processed 02/19/2015		* Electronically provided signatures are accepted as original signatures.					