No. **W 19910**	**Due no later than Jul 31, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** IDAHO CYTOGENETICS DIAGNOSTIC LABORATORY, L.L.C. JEFFREY S TAYLOR 190 E BANNOCK ST BOISE ID 83712	JEFFREY S TAYLOR 190 E BANNOCK ST BOISE ID 83712 3. New 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 ATTN: GARY KROUTH MD	BOISE	ID		83712
MEMBER	ST ALPHONSUS DIVERSIFIED CARE	1055 N CURTIS RD ATTN: JANELLE REILLY	BOISE	ID		83705

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 19910**	Signature: Christine Neuhoff	Date: 05/19/2015
	Name (type or print): Christine Neuhoff	Title: Secretary, SLHS

Processed 05/19/2015

* Electronically provided signatures are accepted as original signatures.