

No. W 12144	Due no later than Jun 30, 2018 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. VALLEY PATHOLOGY ASSOCIATES, PLLC JOHN B. GRAY 832 CANYON RIM RD TWIN FALLS ID 83301		JOHN GRAY 832 CANYON RIM RD TWIN FALLS ID 83301			
			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
MANAGER	JOHN B. GRAY	832 CANYON RIM RD	TWIN FALLS	ID		83301
5. Organized Under the Laws of: ID W 12144	6. Annual Report must be signed.* Signature: John B. Gray M.D. Name (type or print): John B. Gray M.D.		Date: 04/23/2018 Title: Managing Partner			
Processed 04/23/2018		* Electronically provided signatures are accepted as original signatures.				