No. W 99239		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KRISTOPHER MCGEE MD 7069 RUNNING IRON IN POCATELLO 83204			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. IDAHO PATHOLOGY LABORATORY, LLC LOUIS KRAML 98 POPLAR STREET					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LOUIS KRA			POCATELLO 63204			
	BLACKF00	BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER LOUIS D	ER LOUIS D KRAML 98 POI		BLACKFOOT	ID	USA	83221	
6. Annual Report must be signed.*							
ID	Signature:	Signature: Ralph West		Date: 10/15/2014			
W 99239	Name (type	Name (type or print): Ralph West		Title: Executive Assistant			
Processed 10/15/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					