No. W 19910		Due no later than Jul 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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:*			
NO FILING FEE IF RECEIVED BY DUE DATE		mes and Addresses of at least one Member or Manager.					
Office Held	Name	nes and Addresses of at	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	USA	83712
MEMBER	ST ALPHONSUS DIVERSIFIED CARE		1055 N CURTIS RD ATTN: JANELLE REILLY	BOISE	ID	USA	83705
5. Organized Under the Laws of: 6. A		6. Annual Report must I	pe signed.*				
ID W 19910		Signature: Jeffrey S.	Date: 07/23/2010				
		Name (type or print):	Title: V.p., Cfo				
Processed 07/23/2010	* Electronically provided signatures are accepted as original signatures.						