

No. W 10799		Due no later than Jan 31, 2016		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. ALPHA MEDICAL LABORATORY, L.L.C. CATHY SMALLEY PAML LLC 611 N IRON BRIDGE WAY SPOKANE WA 99202		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 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	PATHOLOGY ASSOC. MED. LABS LLC	PO BOX 2687	SPOKANE	WA	99220
MEMBER	KOOTENAI HOSPITAL DISTRICT	2003 LINCOLN WAY	COEUR D'ALENE	ID	83814
5. Organized Under the Laws of: ID W 10799		6. Annual Report must be signed.* Signature: Melissa Allard Name (type or print): Melissa Allard Date: 01/26/2016 Title: Executive Assistant			
Processed 01/26/2016		* Electronically provided signatures are accepted as original signatures.			