

No. W 8495		Due no later than Apr 30, 2011 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		1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO REGIONAL LABORATORY, LLC KENNETH W FRY 1055 N CURTIS RD BOISE ID 83706		SALLY E JEFFCOAT 1055 N CURTIS RD BOISE ID 83706			
NO FILING FEE IF RECEIVED BY DUE DATE				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	THOMAS TIFFANY ST ALPHONSUS DIVERSIFIED CARE	110 W. CLIFF AVE.	SPOKANE	WA	USA	99204	
MEMBER	KENNETH W. FRY	1055 N. CURTIS RD.	BOISE	ID	USA	83706	
MEMBER	KURT ROGERS	110 W. CLIFF AVE.	SPOKANE	WA	USA	99204	
MEMBER	SAINT ALPHONSUS DIVERSIFIED CARE	1055 N. CURTIS RD.	BOISE	ID	USA	83706	
MEMBER	PATHOLOGY ASSOCIATES MEDICAL LABORATORIES	110 W. CLIFF AVE.	SPOKANE	WA	USA	99204	
5. Organized Under the Laws of: ID W 8495		6. Annual Report must be signed.* Signature: Kurt L Rogers Name (type or print): Kurt L Rogers					
		Date: 04/28/2011 Title: Cfo, Paml					
Processed 04/28/2011 * Electronically provided signatures are accepted as original signatures.							