

No. J 465	Due no later than November 30, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX STEVE M SKOUMAL 1950 E CLARK STE D POCATELLO, ID 83201												
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 - <i>Correct in this box if applicable</i> WESTERN PATHOLOGY ASSOCIATES, LLP 1950 E CLARK STE D POCATELLO, ID 83201	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Partnerships: No further information is required. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="height: 150px;"></td> </tr> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
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5. Organized Under the Laws of: IDAHO J 465	6. Signature <u>Steve M. Skoumal, MD</u> Date <u>10-3-03</u> Name (Typed or Printed) <u>STEVE M SKOUMAL, MD</u> Title <u>OWNER</u>													