

No. W 8495		Due no later than Apr 30, 2017		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. SOUTHERN IDAHO REGIONAL LABORATORY, LLC TIMOTHY P RIBAR 611 N IRONBRIDGE WAY BLDG II SUITE 100 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	SAINT ALPHONSUS DIVERSIFIED CARE	1055 N. CURTIS RD.	BOISE	ID	83706
MEMBER	PATHOLOGY ASSOCIATES MEDICAL LABORATORIES LLC	611 N IRONBRIDGE WAY	SPOKANE	WA	99202
5. Organized Under the Laws of: ID W 8495		6. Annual Report must be signed.* Signature: TIMOTHY P RIBAR Name (type or print): TIMOTHY P RIBAR Date: 04/25/2017 Title: Controller			
Processed 04/25/2017		* Electronically provided signatures are accepted as original signatures.			