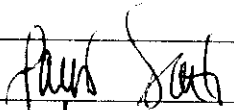


No. W 19910	Due no later than July 31, 2005		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form																				
	1. Mailing Address - Correct in this box, if applicable IDAHO CYTOGENETICS DIAGNOSTIC LABOR JANINE SARTI 190 E BANNOCK ST BOISE, ID 83712		JANINE SARTI 190 E BANNOCK ST BOISE, ID 83712																		
			3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="5">St. Luke's Regional Medical Center, Ltd., 190 E. Bannock, Boise, ID 83712</td> </tr> <tr> <td></td> <td colspan="5">Saint Alphonsus Diversified Care, Inc., 1055 N. Curtis, Boise, ID 83705</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		St. Luke's Regional Medical Center, Ltd., 190 E. Bannock, Boise, ID 83712						Saint Alphonsus Diversified Care, Inc., 1055 N. Curtis, Boise, ID 83705				
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5. Organized Under the Laws of: IDAHO W 19910	6. Signature  Date <u>6-1-05</u> Name (Typed or Printed) <u>Janine Sarti</u> Title <u>V.P.</u>																				

Issued 05/02/2005

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