

No. W 6222	Due no later than May 31, 2001														
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		2. Registered Agent and Office NO PO BOX												
	1. Mailing Address - Correct in this box, if applicable SNAKE RIVER PATHOLOGY, PLLC LEENA HAUSER, M.D. 1321 OAKLEY NO 2 BURLEY, ID 83318		LEENA HAUSER, M.D. 1321 OAKLEY NO 2 BURLEY, ID 83318 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>Owner</td> <td>Leena Hauser</td> <td>1321 Oakley Ave #2</td> <td>Burley</td> <td>ID</td> <td>83318</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>	Owner	Leena Hauser	1321 Oakley Ave #2	Burley	ID	83318
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Owner	Leena Hauser	1321 Oakley Ave #2	Burley	ID	83318										
5. Organized Under the Laws of: IDAHO W 6222		6. Signature <u>Leena Hauser</u> Date <u>3/12/01</u> Name <small>(Typed or Printed)</small> <u>Leena Hauser</u> Title <u>owner</u>													

Issued 03/01/2001

Do Not Tape or Staple