

No. <b>W 10799</b>		<b>Due no later than Jan 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ALPHA MEDICAL LABORATORY, L.L.C. CATHY SMALLEY KOOTENAI MEDICAL CENTER 2003 KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814					
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	PAML, LLC	PO BOX 2687	SPOKANE	WA	USA	99220	
MEMBER	KOOTENAI HOSPITAL DISTRICT	2003 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 10799</b>		Signature: Kirstin Gross		Date: 11/26/2012			
		Name (type or print): Kirstin Gross		Title: PAML Executive Assistant			
Processed 11/26/2012		* Electronically provided signatures are accepted as original signatures.					