

No. 89800 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993 1. Mailing Address: <i>Please Enclose Report Form</i> ONCOLOGY-HEMATOLOGY SPECIALISTS MALCOLM W. WINTER 428 6TH AVE LEWISTON ID 83501	2. Registered Agent and Office NOT A P.O. BOX MALCOLM W. WINTER 511 SEVENTH AVE. LEWISTON ID 83501 3. Incorporated Under The Laws of ID NO: 89800																								
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Malcolm Winter</td> <td>511 7th Ave</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>Michael Rooney</td> <td>1642 Ridgview Dr</td> <td>Clarkston WA</td> <td></td> <td>99403</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Malcolm Winter	511 7 th Ave	Lewiston	ID	83501	Secretary:	Michael Rooney	1642 Ridgview Dr	Clarkston WA		99403	Directors:					
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Directors:																										
5. Nature of Business Medical Office	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <i>M/W Winter</i> Date 10/13/93 Name (Typed or Printed) Malcolm Winter Title pres																									