

No. C 168765		Due no later than Sep 30, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTHWEST RADIATION ONCOLOGY, P.A. TIMOTHY E SAWYER 3120 E RIVERNEST BOISE ID 83706		TIMOTHY E SAWYER 3120 E RIVERNEST BOISE ID 83706			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TIMOTHY E SAWYER	3120 EAST RIVERNEST DRIVE	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 168765		6. Annual Report must be signed.* Signature: Andrea Sawyer Name (type or print): Andrea Sawyer Date: 08/08/2011 Title: Practice Manager					
Processed 08/08/2011 * Electronically provided signatures are accepted as original signatures.							