

No. C107014	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		GENE SEVILLE 656 ADDISON AVE WEST TWIN FALLS ID 83301													
	CANCERMED ASSOCIATES INC. 656 ADDISON AVE WEST TWIN FALLS ID 83301		3. Organized Under the Laws of: DE C107014													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <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>President</td> <td>Gene Seville MD.</td> <td>656 Addison Ave W.</td> <td>Twin Falls</td> <td>ID.</td> <td>83301</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>	President	Gene Seville MD.	656 Addison Ave W.	Twin Falls	ID.	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Gene Seville MD.	656 Addison Ave W.	Twin Falls	ID.	83301											
5. NATURE OF BUSINESS PRACTICE OF MEDICINE		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 <u><i>Gene Seville</i></u> Date <u>7/16/96</u> Name (Typed or Printed) <u>Gene Seville MD</u> Title <u>President</u>														

ISSUED: 07-06-1996

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