No. W 63378	Due no later than Jun 30, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			JEFF TAYLOR				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			190 E BANNOCK ST BOISE ID 83712				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SLRMC/MMC ONCOLOGY SERVICES, LLC JEFF TAYLOR ST LUKES MEDICAL CENTER ATTN: JEFF TAYLOR 190 E BANNOCK ST		BOISE ID	DODE 1D 03/12				
			3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 83712 USA							
4. Limited Liability Companies: Enter N	ames and Addresses of a	t least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER ST LUKES CENTER	ER ST LUKES REGIONAL MEDICAL CENTER		BOISE	ID	USA	83712		
MEMBER MERCY ME	DICAL CENTER-NAMPA	1512 12TH AVE RD	NAMPA	ID	USA	83686		
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID.	Signature: Carol Wi	Signature: Carol Wilmes			Date: 04/16/2014			
W 63378	Name (type or print): Carol Wilmes		Ti	Title: Exec. Assistant				
Processed 04/16/2014	* Electronically provided signatures are accepted as original signatures.							