

No. W 13046	Due no later than Sep 30, 2005 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEMATOLOGY & ONCOLOGY CENTER OF EASTERN IDAHO, LLC KEVIN P. MULVEY 2330 DESOTO ST IDAHO FALLS ID 83404 0000 USA	KEVIN P MULVEY 2330 DESOTO ST IDAHO FALLS ID 83404 0000			
		3. <u>New</u> Registered Agent Signature:*			
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
MANAGER	KEVIN P MULVEY	3200 CHANNING WAY STE A302	IDAHO FALLS	ID	83404
5. Organized Under the Laws of: IDAHO W 13046	6. Annual Report must be signed.* Signature: KEVIN P. MULVEY Name (type or print): KEVIN P. MULVEY Date: 10/17/2005 Title: SOLE MEMBER				
Processed 10/17/2005		* Electronically provided signatures are accepted as original signatures.			