

No. C 168765		Due no later than Sep 30, 2018		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. NORTHWEST RADIATION ONCOLOGY, P.A. TIMOTHY E SAWYER 3120 E RIVERNEST BOISE ID 83706		TIMOTHY E SAWYER 3120 E RIVERNEST BOISE ID 83706				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:		6. Annual Report must be signed. *							
ID C 168765		Signature: Timothy E Sawyer				Date: 07/31/2018			
		Name (type or print): Timothy E Sawyer				Title: President			
Processed 07/31/2018		* Electronically provided signatures are accepted as original signatures.							