




No. <b>W 21842</b>	<b>Due no later than Dec 31, 2014 Annual Report Form</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>																																			
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ONCOLOGY BUILDING GROUP LLC PO BOX 1225 LEWISTON ID 83501		CHARLES A BROWN 324 MAIN ST LEWISTON ID 83501																																			
			<b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sushma Pant, M.D.,</td> <td>1657 Swallows Crest Loop,</td> <td>Clarkston,</td> <td>WA</td> <td></td> <td>99403</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sushma Pant, M.D.,	1657 Swallows Crest Loop,	Clarkston,	WA		99403	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 21842</b> </div>		<b>6.</b> <table border="1"> <tr> <td><b>Signature:</b> </td> <td><b>Date:</b> 11/3/14</td> </tr> <tr> <td><b>Name (type or print):</b> Sushma Pant, M.D.</td> <td><b>Title:</b> Member</td> </tr> </table>		<b>Signature:</b> 	<b>Date:</b> 11/3/14	<b>Name (type or print):</b> Sushma Pant, M.D.	<b>Title:</b> Member																															
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Notes:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Notes:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.