No. W 63378		Due no later than Jun 30, 2008		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JEFF TAYLOR			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SLRMC/MMC ONCOLOGY SERVICES, LLC ST LUKES MEDICAL CENTER ATTN: JEFF TAYLOR 190 E BANNOCK ST BOISE ID 83712		190 E BANNOCK ST BOISE ID 83712				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Compani	es: Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
I MEMBER	ST LUKES REGIONAL MEDICAL CENTER MERCY MEDICAL CENTER-NAMPA		190 E BANNOCK ST	BOISE	ID	USA	83712	
MEMBER			1512 12TH AVE RD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 63378		Signature: Jeff Taylor		Date: 06/27/2008				
		Name (type or print): Jeff Taylor		Title: V.P. Finance & CFO				
Processed 06/27/2008 * Electronically provided signatures are accepted as original signatures.								