No. C 86909		Due no later than Jun 30, 2010		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPOKANE RADIATION ONCOLOGY ASSOCIATES, P.S. DAVID DAVENPORT NORTH IDAHO CANCER CENTER 700 W IRONWOOD DR COEUR D'ALENE ID 83814		DAVID E DAVE	DAVID E DAVENPORT NORTH IDAHO CANCER CENTER 700 IRONWOOD DR COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				to a transmission of the contract of the contr				
				COEUR D'ALENE				
				J. <u>New</u> Registered				
4. Corporations: Ente	r Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SUSAN LAIN	IG	W. 101 EIGHTH AVE	SPOKANE	WA	USA	99201	
SECRETARY	LANCE GRIF	FITH	W 101 EIGHTH AVE	SPOKNAE	WA	USA	99201	
SECRETARY	GARY VAN HEUVELN		W 101 EIGHTH AVE	SPOKANE	WA	USA	99201	
PRESIDENT	DAVID E DAVENPORT		700 W IRONWOOD DR	COEUR D' ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA C 86909		Signature: David Davenport			Date: 04/13/2010			
		Name (type or		Title: President				
Processed 04/13/2010)	* Electronically pro	ovided signatures are accepted as original	al signatures.				