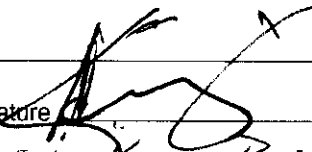
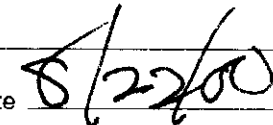
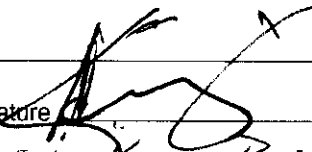
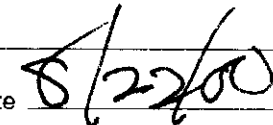
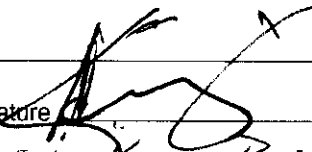
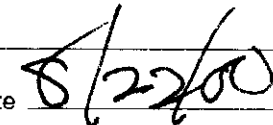


No. W 7024	Due no later than Oct 31, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HEMATOLOGY - ONCOLOGY ASSOCIATES O 3200 CHANNING WAY 3RD FL IDAHO FALLS, ID 83404	KEVIN P MULVEY 3200 CHANNING WAY 3RD FL IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGING Partner OWNER</td> <td>KEVIN P. Mulvey</td> <td>3200 Channing, Suite A302</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGING Partner OWNER	KEVIN P. Mulvey	3200 Channing, Suite A302	Idaho Falls	ID	83404
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MANAGING Partner OWNER	KEVIN P. Mulvey	3200 Channing, Suite A302	Idaho Falls	ID	83404									
5. Organized Under the Laws of: IDAHO W 7024	6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date  </td> </tr> <tr> <td> Name (Typed or Printed) KEVIN P. Mulvey </td> <td> Title: OWNER Time: XXX </td> </tr> </table>		Signature 	Date 	Name (Typed or Printed) KEVIN P. Mulvey	Title: OWNER Time: XXX								
Signature 	Date 													
Name (Typed or Printed) KEVIN P. Mulvey	Title: OWNER Time: XXX													

Issued 08/01/2000

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