

No. C 89800

Annual Report Form
Due No Later Than November 30, 1995

2. Registered Agent and Office NOT A P.O. BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

ONCOLOGY-HEMATOLOGY SPECIALISTS
MALCOLM W. WINTER
428 5TH AVEMALCOLM W. WINTER
511 SEVENTH AVE.

LEWISTON ID 83501

3. Organized Under the Laws of:

ID C 89800

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
V.P., Sec	Michael T. Rooney	1642 Nidgeview	Clarkston	WASH	
Pres, Treas.	Malcolm W. Winter	511 7th Ave	Lewiston	ID	

5. NATURE OF BUSINESS
MEDICAL OFFICE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Michael T. Rooney AD Date 10-22-96Name (Typed or Printed) MICHAEL T. ROONEY Title VICE PRES.

ISSUED: 07-06-1995

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