

No. C 89800	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		MALCOLM W. WINTER 511 SEVENTH AVE.  LEWISTON ID 83501															
	ONCOLOGY-HEMATOLOGY SPECIALT MALCOLM W. WINTER 428 5TH AVE .  LEWISTON ID 83501		3. Organized Under the Laws of:  ID C 89800															
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																		
<table border="1"> <thead> <tr> <th data-bbox="28 680 536 723">5. NATURE OF BUSINESS</th> <th colspan="4" data-bbox="536 680 1470 723">6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</th> </tr> </thead> <tbody> <tr> <td data-bbox="28 723 536 832"> <b>MEDICAL OFFICE</b> </td> <td colspan="4" data-bbox="536 723 1470 832"> <table border="0"> <tr> <td data-bbox="536 723 1098 766">Signature <u>Michael T. Rooney MD</u></td> <td data-bbox="1098 723 1470 766">Date <u>10-22-96</u></td> </tr> <tr> <td data-bbox="536 766 1098 832">Name (Typed or Printed) <u>MICHAEL T. Rooney</u></td> <td data-bbox="1098 766 1470 832">Title <u>VICE PRES.</u></td> </tr> </table> </td> </tr> </tbody> </table>					5. NATURE OF BUSINESS	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.				<b>MEDICAL OFFICE</b>	<table border="0"> <tr> <td data-bbox="536 723 1098 766">Signature <u>Michael T. Rooney MD</u></td> <td data-bbox="1098 723 1470 766">Date <u>10-22-96</u></td> </tr> <tr> <td data-bbox="536 766 1098 832">Name (Typed or Printed) <u>MICHAEL T. Rooney</u></td> <td data-bbox="1098 766 1470 832">Title <u>VICE PRES.</u></td> </tr> </table>				Signature <u>Michael T. Rooney MD</u>	Date <u>10-22-96</u>	Name (Typed or Printed) <u>MICHAEL T. Rooney</u>	Title <u>VICE PRES.</u>
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ISSUED: 07-06-1996

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