| No. <b>C 133844</b>  |      | Du   | 2. Registered Ag     | 2. Registered Agent and Address (NO PO BOX) |   |         |             |  |
|--|------|--|----------------------|---|---|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |      | Due no later than May 31, 2009 Annual Report Form  1. Mailing Address: Correct in this box if needed.  INTERMOUNTAIN RADIATION ONCOLOGY, P.A. MICHAEL T CALLAGHAN 5062 JOHNNY CREEK RD |                      | 5062 JOHNNY<br>POCATELLO I                  | MICHAEL T CALLAGHAN 5062 JOHNNY CREEK RD POCATELLO ID 83204 |         |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4 Corporations: Enter Names and Busin                   |      | POCATELLO ID 83204 USA  3. New Registered Age uses Addresses of President, Secretary, and Directors. Treasurer (optional).   |                      | ed Agent S                                  | ignature:*  |         |             |  |
| Office Held  | Name | C55 / (GG) C55 C5  | Street or PO Address | City  | State   | Country | Postal Code |  |
| SECRETARY CALVIN MCALLISTER  |      | ALLISTER   | 248 GEORGETOWN COURT | IDAHO FALLS                                 | ID  | USA     | 83404       |  |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*  |                      |   |   |         |             |  |
| ID   |      | Signature: Michael Callaghan   |                      |   | Date: 06/05/2009  |         |             |  |
| C 133844   |      | Name (type o   |                      | Title: President                            |   |         |             |  |
| Processed 06/05/2009 * Electronically provided signatures are accepted as original signatures. |      |  |                      |   |   |         |             |  |