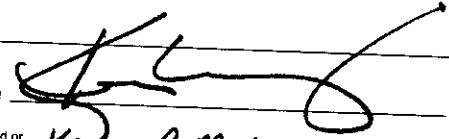


No. W 13046	Due no later than Sep 30, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HEMATOLOGY & ONCOLOGY CENTER OF EAS 3200 CHANNING WAY STE A302 IDAHO FALLS, ID 83404		KEVIN P MULVEY 3200 CHANNING WAY STE A302 IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>KEVIN P. MULVEY</td> <td>3200 Channing Way #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>	OWNER	KEVIN P. MULVEY	3200 Channing Way #A302	Idaho Falls	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
OWNER	KEVIN P. MULVEY	3200 Channing Way #A302	Idaho Falls	ID	83404										
5. Organized Under the Laws of: IDAHO W 13046	6. Signature  Name (Typed or Printed) <u>Kevin P. Mulvey</u> Date <u>7/9/01</u> Title <u>Physician - Owner</u>														

Issued 07/02/2001

Do Not Tape or Staple