

No. <b>C 160496</b>		<b>Due no later than May 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LEAVITT WOMEN'S HEALTH CARE CORP, P.C. GLENN R LEAVITT 1550 ELK CREEK DR IDAHO FALLS ID 83404		GLENN R LEAVITT 350 SHEFFIELD CIRCLE IDAHO FALLS ID 83404			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	GLENN R LEAVITT	350 SHEFFIELD CIRCLE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 160496</b>		Signature: Glenn R. Leavitt				Date: 03/21/2011	
		Name (type or print): Glenn R. Leavitt				Title: President	
Processed 03/21/2011		* Electronically provided signatures are accepted as original signatures.					