

No. C 160496		Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Address (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 needed. 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: ID C 160496		6. Annual Report must be signed.* Signature: Glenn R. Leavitt Name (type or print): Glenn R. Leavitt Date: 03/21/2011 Title: President					
Processed 03/21/2011 * Electronically provided signatures are accepted as original signatures.							