

No. C 84237

Annual Report Form
Due No Later Than November 30,

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED**** FINAL NOTICE ****

1. Mailing Address - Please Correct, If Not Correct

WOMEN'S MEDICAL CLINIC, P.A.
GERALD E CARLSON
P O BOX 997

MERIDIAN ID 83642

2. Registered Agent and Office **NOT A P.O. BOX**

GERALD E. CARLSON
1503-B 12TH AVENUE

NAMPA ID 83651

3. Organized Under the Laws of:

ID C 84237

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)Office heldNameStreet or P.O. AddressCityStateZip

President

Gerald Carlson

P.O. Box 997

Meridian

ID

83684

Sec

Sherren Carlson

5. **NATURE OF BUSINESS**

OB-GYN

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Sherren Carlson

Date

10/25/96

Name (Typed or
Printed)

Sherren Carlson

Title

sec

5000

ISSUED: 10-05-1996