

No. C 95773	Due no later than 7/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		CRAIG Z. HALL 1660 JOHN ADAMS PARKWAY IDAHO FALLS ID 83402	
	LIFE SPRING WOMEN'S CLINIC, P.A. CRAIG Z. HALL 1660 JOHN ADAMS PARKWAY IDAHO FALLS ID 83402		3. <u>New</u> Registered Agent Signature:	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
Office Held	Name	Street or PO Address	City	State Zip
President	Craig Z. Hall	1660 John Adams Hwy	Idaho Falls	ID 83401
Secretary	Craig Z. Hall	1660 John Adams Hwy	Idaho Falls	ID 83401
Director	Craig Z. Hall	1660 John Adams Hwy	Idaho Falls	ID 83401
5. Organized Under the Laws of: ID C 95773	6. Annual Report must be signed. Signature: <u>Craig Z. Hall</u> Date: <u>8/17/09</u> Name (type or print): <u>Craig Z. Hall</u> Title: <u>President</u>			