

No. 066025	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 87 AUG 13 AM 8 48	Due No Later Than November 1, 1987		BARBARA ANN PLAIN 4477 EMERALD, SUITE A-20 BOISE, IDAHO 83706																									
	1. Mailing Address — Please Correct 066025																											
	WOMEN'S HEALTH CARE, INC. BARBARA A. PLAIN 4477 EMERALD, SUITE A-200 BOISE, IDAHO 83706		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Barbara Ann Plain</td> <td>4477 Emerald</td> <td>Boise,</td> <td>Id.</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>none</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>none</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">ENTERED AUG 13 1987</p>						Name	Street or P.O. Address	City	State	Zip	President:	Barbara Ann Plain	4477 Emerald	Boise,	Id.	83706	Secretary:	none					Directors:	none				
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President:	Barbara Ann Plain	4477 Emerald	Boise,	Id.	83706																							
Secretary:	none																											
Directors:	none																											
5. Nature of Business Health care		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td><i>Barbara A. Plain</i></td> <td>Date</td> <td>8/11/87</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Barbara A. Plain</td> <td>Title</td> <td>President</td> </tr> </table>			Signature	<i>Barbara A. Plain</i>	Date	8/11/87	Name (Typed or Printed)	Barbara A. Plain	Title	President																
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