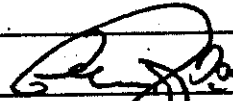


No. C 160496	Due no later than May 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX GLENN R LEAVITT 4340 STONEBROOK LN IDAHO FALLS, ID 83404
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LEAVITT WOMEN'S HEALTH CARE CORP, P ROBIN D PHARIS 1550 ELK CREEK DR IDAHO FALLS, ID 83404	3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Glenn R. Leavitt	1550 Elk Creek Dr	Idaho Falls,	ID	83404
Sec.	Kathleen Leavitt	1550 Elk Creek Dr.	Idaho Falls,	ID	83404

5. Organized Under the Laws of: IDAHO C 160496	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name (Typed or Printed) <u>Glenn R. Leavitt, DO</u> </div> <div style="width: 35%;"> Date <u>3/11/08</u> Title <u>President</u> </div> </div>
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