

No. 49700	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1990</i>	2. Registered Agent and Office
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>		1. Mailing Address — <i>Please Correct</i>  <b>WOMEN'S CLINIC OF NORTH IDA</b> <b>WM. G. TARNASKY</b> <b>920 IRONWOOD DR</b>  <b>COEUR D ALENE ID 83814</b>

## 4. Names and Addresses of Officers and Directors

<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President: WILLIAM G. TARNASKY, M.D.	1200 ROCKRIDGE LANE	COEUR D ALENE	IDAHO	83814
Secretary: FREDERICK P. AMBROSE, M.D.	RTE 2 BOX 303	HAYDEN LAKE	IDAHO	83835
Directors: SAME AS ABOVE				

## 5. Nature of Business

PHYSICIANS OFFICE

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

Name (Typed or Printed)

WILLIAM G. TARNASKY, M.D.

Date 07/11/90

Title PRESIDENT