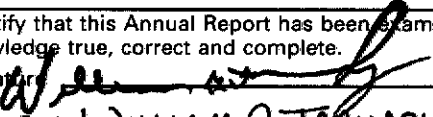


No. C 49703	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct WOMEN'S CLINIC OF NORTH IDAH. JM. G. TARNASKY 1106 IRONWOOD DR COEUR D'ALENE ID 83814		WILLIAM G. TARNASKY, M.D 1106 IRONWOOD DRIVE COEUR D'ALENE ID 83814 3. Organized Under the Laws of: ID C 49703													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>SECRETARY</td> <td>FREDERICK P. AMAROSE</td> <td>1106 IRONWOOD DR.</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	SECRETARY	FREDERICK P. AMAROSE	1106 IRONWOOD DR.	COEUR D'ALENE	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
SECRETARY	FREDERICK P. AMAROSE	1106 IRONWOOD DR.	COEUR D'ALENE	ID	83814											
5. NATURE OF BUSINESS MEDICAL PRACTICE		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  Date 7/19/96 Name (Typed or Printed) WILLIAM G. TARNASKY Title PRESIDENT														

ISSUED: 07-06-1996

25051