

No. C 138686		Due no later than Apr 30, 2009		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAIN EVENT MATERNITY CARE CENTER, INC. (THE) MELISSA K STONE P.O. BOX 326 SALMON ID 83467		ANNETTE LEWIS 905 MAIN ST SALMON ID 83467		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MELISSA STONE	P.O. BOX 326	SALMON	ID	USA	83467
DIRECTOR	ELIZA JERNIGAN	612 IDAHO AVE	SALMON	ID	USA	83467
DIRECTOR	ASHLIE MCFARLAND	P.O. BOX 72	CARMEN	ID	USA	83464
DIRECTOR	AMY MACKAY	#3 THOMAS LANE	SALMON	ID	USA	83467
5. Organized Under the Laws of: ID C 138686		6. Annual Report must be signed.* Signature: Annette Lewis Name (type or print): Annette Lewis Date: 02/13/2009 Title: Registered Agent				
Processed 02/13/2009		* Electronically provided signatures are accepted as original signatures.				