

No. 049700	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 JUL 13 AM 8	Due No Later Than November 1, 1987		WILLIAM G. TARNASKY, M.D. 1106 IRONWOOD DRIVE COEUR D'ALENE, IDAHO 83814 ENTERED JUL 23 1987																					
	1. Mailing Address — Please Correct 049700																							
	WOMEN'S CLINIC OF NORTH IDAHO, P WM. G. TARNASKY 920 IRONWOOD DR COEUR D ALENE IDAHO 83814		3. Incorporated Under The Laws of  STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: WILLIAM G. TARNASKY, M.D.</td> <td>1106 IRONWOOD DRIVE</td> <td>COEUR D'ALENE</td> <td>IDAHO</td> <td>83814</td> </tr> <tr> <td>Secretary: "</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors: "</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: WILLIAM G. TARNASKY, M.D.	1106 IRONWOOD DRIVE	COEUR D'ALENE	IDAHO	83814	Secretary: "					Directors: "				
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Secretary: "																								
Directors: "																								
5. Nature of Business  OBSTETRICS AND GYNECOLOGY 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 <u>William G. Tarnasky</u> Date <u>07/07/87</u> Name (Typed or Printed) <u>WILLIAM G. TARNASKY, M.D.</u> Title <u>PRESIDENT</u>																						

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